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# THE AMERICAN JOURNAL OF NURSING

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## EDITORIAL COMMENT

### THE FIFTEENTH BIRTHDAY OF THE JOURNAL

Fifteen years ago in October, the first number of the AMERICAN JOURNAL OF NURSING was issued. To the early members of the American Nurses' Association the history of the establishment of the JOURNAL is an old story, but as time passes we find, more and more, groups of younger graduates who have no knowledge of its inception and development and who are unable to discriminate between this journal, with its professional standards and ideals, and the strictly commercial magazines, which exist solely as financial enterprises. The JOURNAL as it appears each month is the result of the liberality of the first small group which financed it and of an inestimable amount of gratuitous labor and sustained effort on the part of many who are well known in our organization life as well as of others whose services have never been recognized. Such an undertaking as the establishing of a magazine under the auspices of the splendid organization of three national societies would be a comparatively easy matter now. The money to finance such an enterprise could be raised with little effort, as has been proved by the sums contributed to the several funds of recent years, but fifteen years ago our national association was in its infancy. There were but twenty-one alumnae associations, with ten in process of forming; there were but twenty-four charter members, and no permanent members. The future of the organization was not assured and those composing its membership were not accustomed to the idea of contributing from their earnings to professional or educational projects.

It is not our intention to review in detail the history of the JOURNAL, but only to mention briefly the manner in which this long-talked-of plan was finally perfected. Before the American Nurses' Association came into existence, some of the members of the mother society, the

American Society of Superintendents of Training Schools for Nurses, now known as the National League of Nursing Education, felt the need of a nursing journal which should be exclusively the property of nurses themselves, owned and edited by them without the domination or restriction of any other group of people, but it was realized that this society, being limited in its membership, as it was in those days, to women holding positions in training schools, was never likely to become sufficiently large to support one, therefore it was necessary to wait for the organization of a national association which would include in its membership all groups of workers in the nursing fields.

The parent society was organized during the World's Fair, in Chicago, in 1893. At its third annual meeting, held in Philadelphia, in 1896, a committee of twelve was appointed to act with representatives of twelve alumnae associations, to draft a constitution and by-laws for a national association of nurses. Plans for a nursing journal were informally talked over at this meeting. The committee which had been appointed met at the Manhattan Beach Hotel, N. Y., during the summer of 1896, and the first meeting for a national organization was called to follow the meeting of the Superintendents' Society in Baltimore, in 1897. The report of the committee was presented and adopted with but slight changes and an association was formed under the name of The Nurses' Associated Alumnae of the United States, with Isabel Hampton, later Mrs. Robb, as president. This association is now known as The American Nurses' Association. The next meeting was held in New York and a periodical committee was appointed, composed of Mrs. Robb, chairman, and the Misses Harrington, Nutting, and Palmer. At the meeting held the next year the committee reported no progress, due to a lack of Association funds. At this time the committee was changed, with Mary E. P. Davis, chairman, Miss Stevenson of Boston, Harriet Fulmer of Chicago, Adelaide Nutting of Baltimore, Sophia F. Palmer of Rochester, and Mrs. Robb of Cleveland.

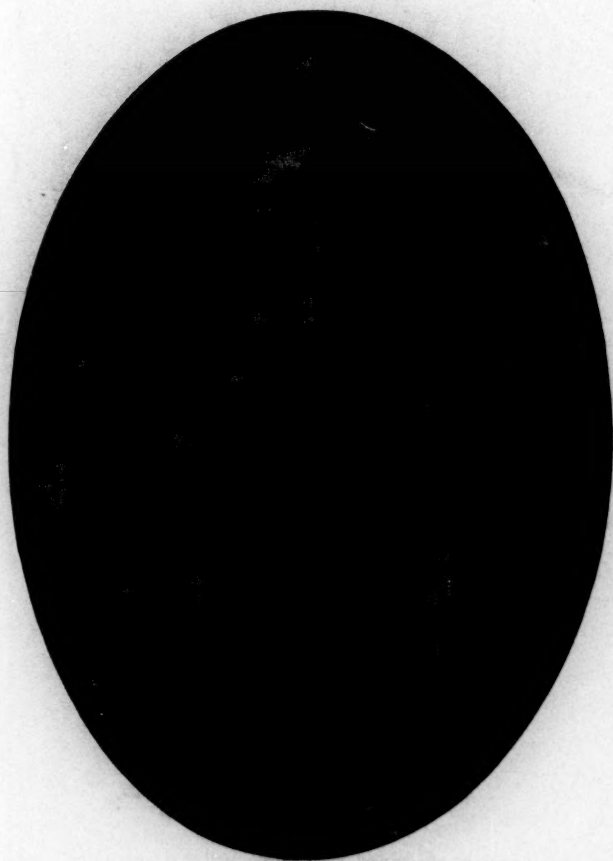
It so happened that Miss Davis was at leisure that summer and could devote her time to this work, and without doubt the organization of the Journal Company was due to her courage, business knowledge and untiring effort. She sent out 5000 circular letters, wrote 300 personal letters, and received 550 paid subscriptions for the JOURNAL when it should appear. Miss Davis' work was done gratuitously, without clerical assistance. She obtained pledges amounting to \$2300 from a small number of individual members of alumnae associations, who consented to advance the money in sums of not less than \$100, with the understanding that if the project failed, the money would be lost in the cause of nursing education.





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THE BOARD OF REGISTRATION OF NURSES

The present editor was at that time the superintendent of the General Hospital, at Rochester, New York, and engaged in an exceedingly difficult work of reorganization. She was prevailed upon by Mrs. Robb and Miss Davis to undertake the editorship, which she did as a member of the periodical committee. She established the JOURNAL, and carried it for nine months, in connection with her hospital duties, when the JOURNAL work became so arduous that she withdrew from the hospital to devote her entire time to it. For twelve years she provided office room for the JOURNAL, free of charge.

One of the great difficulties with which the Committee had been obliged to contend was the finding of a publisher willing to undertake the printing of a magazine which had what was considered to be an uncertain financial support, and the J. B. Lippincott Company of Philadelphia was the only one of the many firms interviewed which would assume the risk. At that time the editor knew little of journalism and her work was greatly simplified and made successful by the hearty co-operation and support which she received from the first publishers.

Miss Davis served as president of the Board of Directors of the JOURNAL during its pioneer period. Other presidents have been Isabel McIsaac of Chicago, Annie Damer of New York, Jane A. Delano of Washington, and the present one, Clara D. Noyes, of New York. Almost every year there have been some changes in the personnel of the Board. The photographs of those serving as directors this year are published in this issue.

The time has passed when members of our organizations are asked to give their time gratuitously to such tasks as the establishing of a journal. It is impossible, in a comment of this kind, to mention all who were instrumental in its early success, but we must speak of Miss Dock, Miss Scovil, and Miss Cameron, of the present editorial staff and, among those of earlier years, Miss Richards, Miss Drown, Miss Maxwell and Miss Nutting, who are and have always been untiring in their support.

Perhaps only those in the editorial office can ever know the constant and quiet effort put forth by scores of nurses in every part of the country in furthering the interests of the JOURNAL. As has been said, in the early days, the service rendered was gratuitous, its success now makes it possible to remunerate modestly, those who definitely work in contributing to its pages, or in its interests.

We pass over the struggles of the years when JOURNAL stock was being carried by individuals and alumnae associations and was finally purchased, a few shares at a time, by the American Nurses' Association (several shares being given outright by the owners), but those of our readers who possess any knowledge of business detail will readily

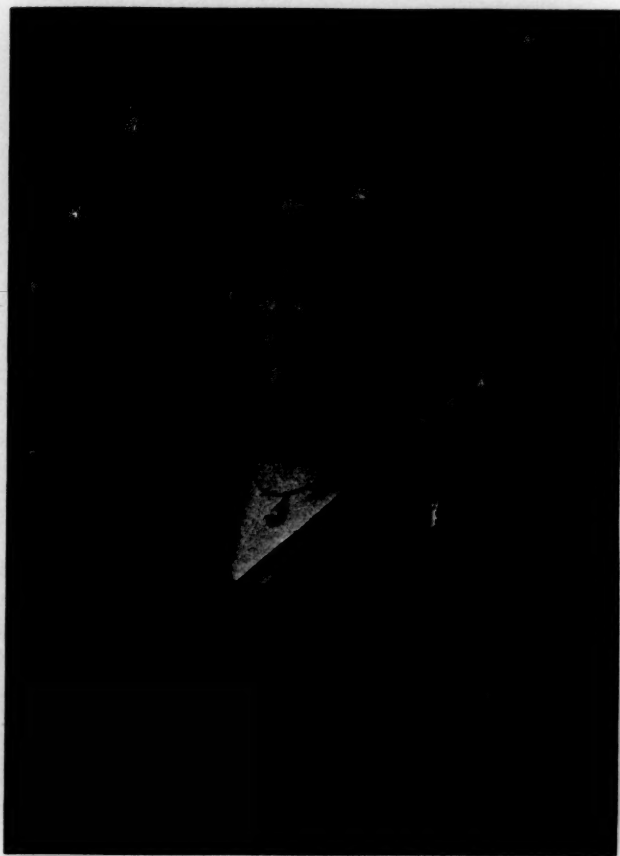
understand that the development of the JOURNAL to the present time has been a serious responsibility, carried year by year, by a small group of members, a burden carried willingly, that those who follow might have at their command and under their control, a medium through which the professional side of all nursing problems could be presented to each other and to the world. Without the JOURNAL, our great educational enterprises could not have reached their present development. The course at Teachers' College, the establishment of state registration, the wonderful organization of graduates all over the country and all the different agencies for the advancement of standards would have progressed but slowly without a journal under the control of nurses themselves.

Notwithstanding the years of effort and their success, there are still many discouraging features apparent to those who, month by month, are engaged in the JOURNAL work. We still find nurses, graduates from reputable schools, who have never heard of it, though they are practically part owners, by virtue of their connection with the national association. The future of our JOURNAL is largely a matter of nursing ethics. When nurses as a great organized body have developed a higher standard of professional loyalty, its support will be as universal as it should be. We are passing out of the pioneer period of nursing into a recognized place in the educational system of our country and our JOURNAL stands side by side with the professional magazines which lead educational thought.

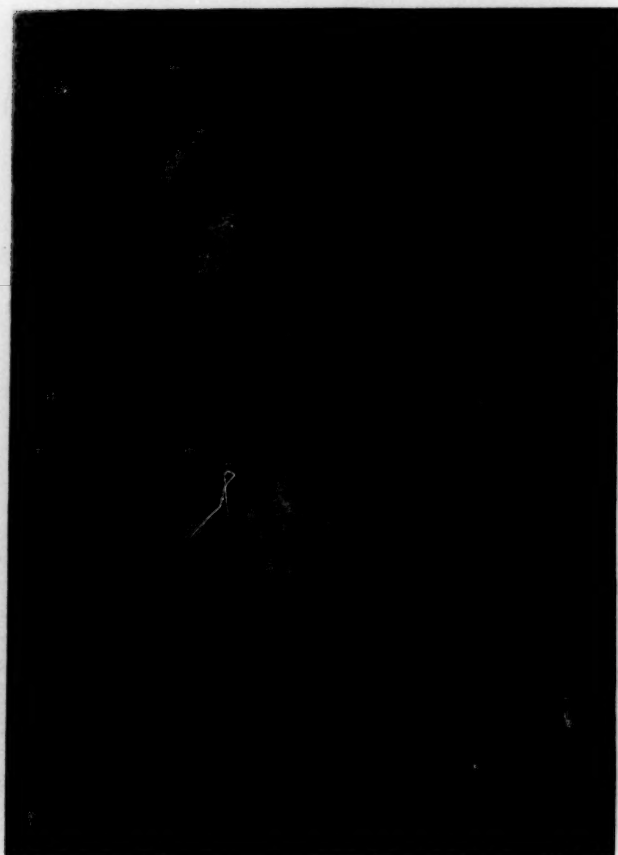
Many of our busy readers will ask, how can our loyalty be shown; what can we do to help. The places where the interests of the JOURNAL can best be promoted are at various organization meetings, either state or local. Every affiliated society of the American Nurses' Association should have a JOURNAL committee whose business it should be to keep it before the members, to obtain papers and interesting items for its pages, to solicit subscriptions and to see that they are sent direct to the JOURNAL office, rather than through agencies, whose commissions must, of necessity, greatly reduce the revenue. Manufacturers of articles of special value in nursing or hospital work should have their attention called by the committee to the value of the JOURNAL as a means of reaching patrons. The advertising pages are a necessary as well as useful part of the business. Advertisements are censored, and no firms of questionable character are permitted to advertise. Advertisers are uniformly courteous to inquirers.

If each individual member would send in one new subscription beside her own, the result would be an astonishing increase in the subscription list, which would make possible a much finer journal than we have yet been able to produce.





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GRADUATE FARRAND TRAINING SCHOOL, DETROIT



SOPHIA F. PALMER, R.N.

GRADUATE MASSACHUSETTS GENERAL HOSPITAL TRAINING SCHOOL; EDITOR-IN-CHIEF  
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## GREETINGS FROM THE PRESIDENT OF THE JOURNAL BOARD

My first introduction to the JOURNAL idea, was some sixteen years ago, when a group of nurses gathered in the amphitheatre of the Boston City Hospital, at the invitation of Lucy L. Drown, then in active work as the superintendent of the training school, and listened to Mary E. P. Davis, Miss Drown, and, I think, Miss Riddle, unfold the plan. It seems but yesterday and was, I think, my first introduction, as a young and inexperienced superintendent, to a wider view of our professional responsibilities. I can recall, very clearly, the respect I had for their ability and courage to speak so definitely and with so much ease, and I can also recall the attack of "stage fright," which I had when I was unexpectedly called upon to express my views concerning the establishment of a professional magazine. Much "water has flowed under the bridge" since then. We have the JOURNAL; it is ours. After fifteen years of hard work and patient effort it is, as it is. It has lived and grown and flourished. We own it. We are free from debt and our capital stock is intact. Unconsciously to many, perhaps, the JOURNAL has been one of the "main props" of our professional life. It has carried the news from city to city, from state to state and from individual to individual.

Our organizations have grown. Laws controlling nursing have been enacted. Our schools have improved. Our professional pride has increased and our sense of social and civic responsibility has widened. In accomplishing this, the JOURNAL has played a conspicuous and significant part.

What can we do to make the JOURNAL more valuable to us? Financially, it cannot be a success without subscribers and advertisers. We want it to be more than a financial success, as we do not publish the magazine for commercial reasons. The strength of the magazine lies not only in its value as a news medium, but as an educational factor. How many superintendents use it as a text-book? If each member of the senior class were required to subscribe for it as part of her nursing library for use in class, she would become familiar with it and learn to value it. Why should she not have the JOURNAL for reference reading, as well as many other books which she is required to purchase? With this suggestion and a final appeal to the readers for their loyal support, their manuscript contributions, their friendly criticisms and suggestions, I wish them all success.

CLARA D. NOYES.

## THE EDITOR'S WESTERN TRIP

On our way to and from the California convention, in May and June, last, we stopped in a number of cities to meet different groups of association members and found much that was interesting and encouraging in the development of nursing in the interior and western sections of the country. There is little difference between the east and west in one particular. Wherever organization life is being developed, a comparatively small number of nurses are enthusiastically working for the benefit of the many, the majority being somewhat indifferent to the advantages offered them. Of course this condition is not peculiar to nurses, but prevails in all departments of public enterprise. There is, however, a greater freedom in the newer country. The people are not bound down by long-established customs. Hospitals are developing along splendid lines and schools of nursing compare favorably with the best in the east. In the states where there is equal suffrage, nursing is keeping the pace with other branches of learning and much is to be looked for in the future. We found splendid women doing most effective work in isolated places. Particularly were we impressed by the chain of hospitals, stretching across the country, which have been established by the different orders of Roman Catholic Sisters. Some of these have well-established training schools and in others the Sisters do the nursing, for which in some of the orders, they are now especially trained. A number of such hospitals visited, particularly in mining districts, were started in a very small way when the country was first opened, and have grown with the country, due in some degree to the fact that the Sisters are not paid for their services. Each Sister is detailed to a special department and, with the understanding that the work is more or less permanent, studies and prepares herself accordingly, devoting her energies to its best interests. This adds great stability to the hospital service. State registration has undoubtedly had a marked influence on the schools connected with the Sisters' hospitals, in raising the standards, and many of the Sisters are registered nurses. An organization of Sisters' hospitals, to be known as the Catholic Hospital Association, has recently been formed.

## A PUBLIC HEALTH CONFERENCE

The International Public Health Conference held the week of September 6, brought to Rochester, N. Y., a notable body of prominent workers, interested in the health of the public. Among the distinguished physicians present were Surgeon-General Gorgas, J. H. Landis of Cincinnati, Charles V. Chapin of Providence, William T. Sedgwick





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of Boston, president of the American Public Health Association, C. E. A. Winslow of New York City and Hermann Biggs, State Commissioner of Health.

At one of the early meetings, Surgeon-General Gorgas told of the measures taken to make the Canal Zone a safe place in which to live and made a powerful plea for increased wages as a potent factor in the eradication of poverty, which usually means disease. Dr. O. M. Leiser, of New York, gave a severe arraignment of patent medicines, sparing none, and throwing pictures of the different labels on the screen. The closing act of the Association was the adoption of resolutions against these pernicious preparations.

The chief points on which the conference seemed united, after discussion from all sides, were the great need for establishing institutions for tuberculosis patients and segregating them, the necessity of combating social diseases and cancer, the destruction of the drug evil by the compulsory confinement of the victims until cured, with a strict enforcement of the Harrison drug law, the menace of flies and mosquitoes, the need for rural sanitation, sewage disposal, training of mothers, in order to lessen infant mortality and insistence on the pure, food and milk propaganda. The keynote of all the meetings, was education. Several of the speakers referred to the value of the nurse in these different lines of work.

#### PROGRESS OF STATE REGISTRATION

**WISCONSIN.** Wisconsin nurses received a shock when they learned, during the week of July 17-26, that a law had been passed by the Legislature which completely nullified their existing law for the registration of nurses. Registration of nurses was placed in the hands of the State Medical Board, instead of the State Board of Health, and no provision was made for representation of the nursing profession. The nurses of the state had had no warning that such a measure was to be passed and they were at first too stunned to act. After a little, they roused themselves and the Legislative Committee of the State Association sent out 800 letters to nurses of the state, apprising them of the fact and urging them to make an appeal for the passage of a law which should restore some, at least, of their lost ground. They were encouraged to do this by the fact that neither the Governor nor many of the legislators knew that the repeal of their law had been made without their knowledge or coöperation. An avalanche of telegrams and letters poured into the Legislature in response to this appeal and as a result, the former law was re-enacted with one exception, that the jurisdiction of the Committee of Examiners is to be placed with the

State Board of Medical Examiners instead of the State Board of Health, which means that the headquarters of the board will be moved from Madison to Ashland. A new Committee of Examiners has been appointed, two of its members being carried over from the former board.

PENNSYLVANIA. A new bill for the registration of nurses has gone into effect. The text of the bill has not yet reached us but its chief points are: raising the registration fee to \$10; retaining in the treasury the sum of \$5000; the appointment of a training school inspector at a salary of \$1400 with mileage to be paid out of the funds of the treasury; the publishing by the board of an accredited list of training schools; the establishment of reciprocity with those states whose requirements are equal to or above those of Pennsylvania.

#### CORRECTION

On page 1106 of the September issue, line 15 of the article "The History of the First Year of a Cottage Hospital" which reads "Some of the operations," should read "None of the operations."



## NURSING AND CITIZENSHIP<sup>1</sup>

By D. ELVA MILLS STANLEY, R.N.

Plato said: "Only that state is healthy and can thrive which unceasingly endeavors to improve the individuals who constitute it." He recognized that human capacity must not be over-estimated. He firmly believed that public education is a fundamental necessity for any civic life worth while. "An overpowering idealism, and a fervent belief in the future of the human race" takes possession of an individual or of an organization in every land and in every age and leads them to make some radical reform that leaves a definite mark in history. So has enthusiasm for education for good health waxed, through the centuries, till it has risen to remain the one sure way to bring about the healing of the nations. It is not the old ideal of culture for culture's sake which holds today, but that instinct which tells us that knowledge makes men wise in the art of living; this is the foundation of true happiness; out of the pursuit of this ideal comes all true usefulness.

We have technical schools and schools for the learning of trades; we have organizations for the cultivation of intellectual and aesthetic tastes; we have societies for the pursuit of pleasure and some kind of culture or other; there are social and philanthropic institutions of educational value; and of all these there are hundreds of variations to meet the needs of the people. These very things are avenues open to us for the carrying on of a widespread campaign in health education if only we care enough to make use of them. Health propaganda can be administered in season and out of season. Though this method may not be particularly desirable, it will be productive of desired impressions. Then people will realize that good health is to be maintained by conscious effort and at a cost; that bodies must not be made to suffer because of lack of self-discipline. Then they will see that strength and purity of manhood and righteousness in every phase of civic life, depend upon a healthy race.

The spirit of reform which sprang up all over the world about the middle of the last century was more dependent than was then realized upon a few great discoveries of the medical profession. The introduc-

<sup>1</sup> Read before the Indiana Federation of Women's Clubs, Evansville, Indiana, October, 1914.

tion of safe anaesthetics, the revelations which the germ theory made, the miraculous efficacy of antitoxins, and the recognition of the value of psychotherapy all joined to revolutionize, not only the world of medicine, but the whole social system, political affairs, industries, and states of justice and of religion the world over.

When this readjustment was in its beginning the nursing profession was born. It has been fed, from the first, upon the idealism which reform and enthusiastic research have naturally furnished. The women who were thus prepared were needed to help carry out a work which must otherwise have failed; but we need not conclude from this that every opposing force available has not been brought to bear upon those who sought to bring to a high state of development this new organization. Its leaders, in order to carry forward the good work, still contend for the relaxation of some of the same old prejudices which barred the way at first. New problems have come with the years and there is continual competition with cheap imitators whose low standards are a menace to the profession of honest nursing.

The American Nurses' Association which has resulted from these fifty years of nursing growth in America, includes The National League of Nursing Education and The National Organization for Public Health Nursing. Unanimously these associations stand for the enfranchisement of women. You know this means better health, better homes and a better country to live in. The object of this paper is to tell you what part nurses have in the project and how we may combine our efforts with yours to strengthen our arm and hasten the fulfillment of our desires.

It were well to recognize this fact: that one of the things which has retarded many works for public good has been the existence of too many societies with similar aims, working side by side, dissipating great effort and much money in their rivalry and in their many machines. The one huge trouble at the bottom of all this misery we fight is the inconsistent behaviour of man to man, our inordinate desire for money and our uncontrolled human passions. Together we must make radical changes. We need you and your support and influence. Our trained minds and bodies can offer you the best kinds of practical experiences and willingness to do what is needed.

The nurses who are responsible for the kind of material turned out from our training schools for nurses are those who belong to The National League of Nursing Education. They are the principals of these schools and the superintendents of hospitals; their efforts are concentrated on the best care of the patients in their hospitals and the proper educa-

tion and development of their students. They try to make their standards of work, of teaching, and of living, as nearly uniform and as practical as possible. In the association with them are nurses who are doing educational work for public health, teaching the principles of rational living in any one of the many ways. A plea should be entered for these women, that they be not handicapped by political influences or by controversies among any of the organizations connected with the institutions in which they work.

The National Organization for Public Health Nursing is a body composed of many members. Modern medical science shows that it is poor business to cure people, only to have them reappear soon with the same malady, therefore, hospitals employ social service nurses to follow up their patients, observing their home environment and seeing not only that their families are taken care of by some outside agencies, but providing for the ultimate return to the wage-earner of business. The nurses investigate causes of illness, so that a patient's recovery may be permanent and that the malady may not recur among the family or neighbors. An effort is made to prevent any patient's being turned out of the hospital a wreck, to be cast about the city, an undesirable citizen.

Visiting nurses, as many of you know, receive calls from a central office and go out to visit patients in their homes. Doctors are called, if not already in attendance, and, if possible, financial aid is secured when that is needed. Sometimes patients may be removed to hospitals or other provision may be made for their care. When the patient remains at home the nurse calls daily (oftener, perhaps, in critical illness) and immediate care is given. Not only this, but instructions are always left with the patient for the protection of the family, and with the family for the care of the patient and of themselves. Many a lesson in hygiene and sanitation is given while a bath is being prepared, and many a demonstration in home cookery as well as infant food while the patient's diet is being directed. There are even visiting dietitians who go about teaching people with small means and little knowledge of such things, how to buy food and how to prepare it in order to feed their families properly.

In many cities, milk stations are established where good milk is prepared by formula for sick or bottle-fed babies. Often there is a demonstration room where mothers come to learn how the food is made fit for their particular need and to learn the principles of hygienic and sanitary baby-raising. Who has not heard of the Little Mother Clubs, where little girls and older ones learn these same things, with

the practical work of actually doing scientifically all that needs to be done for babies? Through such methods of education, infant mortality is already greatly reduced, though the work is only begun.

The tuberculosis nurse follows much the same plan in her work for tubercular patients as do the hospital social service nurse and the visiting nurse in theirs, except that she sees only those with tuberculosis or those exposed to its infection and gives specific treatment and supervision. In tuberculosis hospitals and colonies, education and nursing go hand in hand. If patients do not infect others they may reinfect themselves, thus undoing all that has been done for them.

Factory nursing and industrial hygiene are invested with much interest and opportunity for nurses. Factory owners and corporations are divided in their opinions of the value of these subjects. It will usually be found that those who break laws and are indifferent to the welfare of their employees are not long-headed enough to recognise the value of such innovations. However, where nurses are engaged they use the follow-up method; they look after those who become suddenly ill or who are injured. They try to prevent contamination of all the workers and to prevent infectious and contagious diseases. They anticipate trouble by looking after the anemic girl and the one who has persistent headaches. They do surgical dressings in the factory hospital office as they are needed. The man who goes home sick is visited there and the social service idea is fully carried out. In the factory, new coöperation is secured between employer and employee. While the workers are made more comfortable and are taught how to live decently and rationally, they in turn give better profit in labor. It has not infrequently been found that many improvements in machinery and factory equipment can be made to meet the health requirements as a result of the nurse's work in the factory.

A kindred phase of nursing is that of looking after the employees and shoppers who become ill in large department stores. There is usually a very good emergency hospital with nurses on duty and perhaps a physician in charge. The prevailing opinion is in favor of such an arrangement as being of great value to the women and girls of these stores, for there is very likely to be greater care taken generally of their comfort and welfare and more thought given to justice and honest dealing in a place so regulated than elsewhere.

Large telephone exchanges sometimes employ nurses who are responsible for the health standard of their employees. The girls are given rigid physical examinations of heart, lung and nerve resistance, as well as for minor though not less important details of health. Lectures pertaining to hygiene are given; the girls are made comfortable



while on duty and a degree of attention is paid to outside influences brought to bear upon them.

In some cities, nurses have allied themselves with bureaus for the protection of immigrants and have found a large field open for aid to foreigners. This work consists in finding homes and employment and the right social and religious environment for the girls and women. They need to be taught how to live in a new country; often former methods of living must be entirely given up, and so schools are formed and instruction is given in home nursing, housekeeping, cooking, hygiene and sanitation.

Nursing among the poor whites in southern mountains is productive of abundant and satisfactory results. New nurses are joining the pioneers there to help organize the work and to cover more ground.

One of the most important departments of all the work of the nursing profession is that of school nursing. In order to carry out the system properly, there must be the right kind of a health board and officers in the city or district, and regular physicians appointed to give their time and attention to the work of maintaining good health in the city and in the schools. These men or women must be paid salaries commensurate with their worth, which should be the best to be had. City councils not less often, but more often, think the plan a waste to the city and repeatedly spend more than the difference in the salaries in fighting epidemics. This fight is only perfunctory after the acute stage of the disease is past and long periods of disturbance exist. Who counts the cost to business, the unhappiness and misery sickness brings, the lives lost and the toll on the health and manhood of the next generation? School physician and school nurse should work hand in hand. The nurse visits the school and makes rounds among the pupils to find which ones are below par physically and mentally. Eyes, ears, noses, throats, skin, hair, nails, heart, lungs, physical deformities, habits, peculiar characteristics, tests for nerves, powers of concentration and coördination, all these are among the things the teachers and the health officials have in mind as they deal with the children, nor is that all. The homes of the children are visited to try to enlist the coöperation of the parents and to help them improve home conditions. Children must be sent for treatment to clinics or to private physicians, to dentists and to various other specialists who give them what they need. The value of this work cannot fail to impress all concerned, teachers, parents, and the public. The child is put in condition to receive the instruction he is supposed to get and his case is treated personally, to insure a cure.

Under the attention of these health officials come the heating

and ventilation of the building, the condition of the toilet rooms and the drinking fountains, the lighting of the school-room, the arrangement and height of the desks, playground facilities, and various other matters. Infection and contagion are given special attention. Through care and instruction of the pupils and their parents many of these diseases are kept under much better control than would otherwise be the case. Where it is advisable and possible, open air schools are held for children who are threatened with tuberculosis. Being kept warm, fed frequently and not over-worked and being given better general care while they study, they respond to the treatment remarkably well and refuse to go back to closed school rooms or to live in such rooms at home. The teaching given the children in any of this work is of the greatest importance, since they are young and impressionable and do not forget the lessons they learn. Those who are helped physically so that they may develop mentally and whose moral natures are not handicapped by their bodies and minds have been helped indeed.

College nursing is another phase of nursing work. In colleges where there are dormitories the nurse is in residence and not only takes care of the students when they are ill, but teaches them personal hygiene. This is of especial value in that the students are able to go out into schools to teach, or to lend an influence in some home community, or to go into homes of their own to practice what has been told them. Eugenics assumes a live importance and receives a great impetus when college bred men and women take such hold of it.

Rural problems have a large place in the part of world hygiene and sanitation. The gravest of questions for solution come from the country because, although there is much at hand which conduces to health, yet lack of knowledge, prudery and prejudice bind the people securely. In the city, there are sanitary facilities ready for use and certain laws of hygiene which are enforced without the will of the citizens coming in question. In the country, the independent living of each family makes possible an individual set of facilities and laws. The people do not realize that country life makes them self-satisfied and thoughtless and over-independent, or that it gives them an unsocial conscience and makes them selfish. This applies to other things than health, but the health question is never one of individual rights or one of local significance. No man can have typhoid fever in the city or in the country without endangering others. No child can have measles without menacing the health of some other child. The majority of women in the country need a visiting dietitian as much as many of the city women need her. They need to be taught sterilization of food-products and absolute cleanliness of all kitchen utensils; they need to

know the danger of flies and other insects and of rodents; they need to know the principles of ventilation; they need to know that children are often poorly fed and overworked and that infant mortality is not confined to the cities. Who is to tell them that the rash the children acquire at school is not a simple thing but a serious venereal infection? What is the condition of health and morals in the average country school? Does the farmer realize that these questions of hygiene and sanitation confront him as problems vital in importance, not only to the health of his family and of his neighbors, but to the health of all who will use his produce. Diseased cattle, dirty milk, infected hogs and sheep, all enter the markets for non-producers to use. The farmer's family should have the benefit of houses properly built and equipped, of good food free from disease. The farmer should be interested in pure-food legislation and in all good legislation that will provide at least as much protection for mothers and children as that given to stock culture.

Is it possible for women's clubs and farmers' associations to take up the matter of rural hygiene and to have the subject thoroughly discussed, with plans for practical work? Let nurses visit all town and country schools, lecturing and demonstrating and teaching, as the needs of each community require. Let them appear before local clubs and present their work thus securing the best coöperation. Between the parents and children will come a new relationship of unity of purpose in carrying out these ideals for good citizenship. For this purpose the coöperation of the Red Cross Town and Country Nursing Service would be found most valuable.

In connection with this, all public and school libraries should contain books relative to the health of the people. The subjects treated may include personal hygiene, sanitation of homes and communities, social reform and eugenics. It will be found that these books will benefit the young people by arousing economic and patriotic interests and will often help them in selecting vocations. These books may also be widely used for reference.

It is not fair to give the impression that gross ignorance prevails in all small towns and country districts; but among those who do know how to live properly, there are many who do not know how to live. The science of housekeeping and the science of farming may be understood and at the same time we may still lack much of making healthy farmer boys and girls who, in turn, will make the best citizens. A most urgent appeal should be made for the young people of country towns and of the country, that they be given every chance to get a broad vision of life; it is within their reach and will not be found in the city if they cannot realize it where they are.

It is superfluous to say much of the work of Red Cross nurses. Every one knows how they follow disaster and how they give comfort wherever they go. They are women who have had the specific training required for efficient work. They are prepared. It is not the glory and romance which seem to make their life attractive that really give it its charm; the charm lies in unselfish work and service for others.

Another class of nurses whose work is equally heroic are the missionary nurses, who fill all the stations known to nursing and who must often assume the responsibilities of physicians. Where conditions are unspeakably bad and where the people have no recourse against disease, nurses and doctors, dispensaries and hospitals, are boons to humanity.

A well-known branch of nursing is that of private or individual nursing. A very large number of women are thus employed and lend their support to the effort to secure universal good health.

One of the great reforms brought about by the efforts of nurses themselves, following the Spanish-American war, was the establishment of a permanent nurse corps as a part of the medical service of both the army and the navy, thus ensuring to the soldiers and sailors of the country in time of peace, as well as war, the highest kind of skilled nursing service.

These are some of the positions nurses hold in the business world. You can judge for yourselves how much good 30,000 nurses may do, engaged in such constructive and reconstructive work; but unless the public share the responsibility much of this may go for naught. Without your coöperation, in your state, your nurses must fail of a large part of what they hope to accomplish. What are our points of contact, and where can you help most? In the first place we always want better nurses and better training schools for nurses. How many of you are associated with a hospital and a nurses' school? Do you know whether it conforms to the laws of the state in its entrance requirements for students and in its educational standards? Is the environment of the nurses in training that which you would be willing to have your daughter share? In these training schools it is not a question of accepting undesirable applicants in order to get cheap help in the hospital, but of making standards high and of securing intelligent, capable young women who will be a credit to the training school and to the profession. If you are a hospital trustee, acquaint yourself with the work of other hospitals. Conferences among hospital trustees will soon lead to broad-minded high standards among them all.

Many of you are dealing with visiting nurses. You cannot fail to know that there is much of value in their work, a work calculated to create a lively interest among its supporters. What can you do for



them? Extend the work and support your nurses well. Keep personalities out of the business and it cannot help growing. Let new towns be organized and let new nurses be established wherever possible.

That phase of the work which must come closest to everyone will be the school-nursing. In the first place, there must be the right kind of health officers, whether in the city, town, or country. Insist upon having men who know their duty and who do it; who teach the people the essentials of healthful living; who insist upon having the right precautions taken against the spread of disease. The annual report of a board of health should be concise and accurate enough to be serviceable for reference at any time and the officers who make it, reliable enough to be depended upon. Public sentiment in every neighborhood should be such that the health officers know that they are expected to prevent the spread of disease. On the other hand, the officials should be satisfied, at all times, that the community stands back of them to help enforce the health laws. We have plenty of good laws, but not all are enforced; we have only half-paid, half-time officers and an indifferent public.

Do you realize that children's diseases are unnecessary? And yet many men and women live in daily submission to the ills left by the common diseases of childhood. These diseases could all be stamped out in a little while if it were made a criminal offence for an infection to be transmitted from one person to another. Most of our ailments are preventable, from the most serious down to the least, if the right kind of quarantine is observed and if people make use of the opportunities for immunity now generally available. You can know that the teachers in your schools are healthy and that they appreciate the value of good health; that the children have the right kind of supervision during recess periods; that the essential points of hygiene and sanitation are observed; that the general health conditions surrounding your boys or girls in school are good, or bad. It makes a great deal of difference whether the school in your community manufactures physical defects and immoral tendencies or combats them.

Do you realize that a large proportion of blindness is due to the neglect of proper cleanliness in caring for the eyes of the new-born? For this reason the National Committee for the Prevention of Blindness is seeking to establish better education and supervision of midwives and even of doctors who work among the poor.

It is quite possible for every woman to train herself to be a health inspector wherever she goes. Grocers, meat-men and dairymen will soon begin to handle food more carefully if they find that their customers demand it. Churches and theaters, railroad stations, public libraries,



stores, public laundries and public conveyances will all ventilate and disinfect and keep clean if the public insist upon its being done. Persistence and insistence must win our points. Everyone must learn to recognize the things that tend toward disease, and everyone must take an active part in the good-health campaign.

After all the talk of public effort to bring this ideal to reality, there is still the last word to be said. No institution can take the place of a good home, or do its work. Women were meant to be the homemakers and mothers of the race. They cannot do this and work in shops and in factories. Public workers, and public institutions and officials are having to supply the deficiencies of the home. The wrong kind of home standard is permitted, and parents of all classes in our country are indifferent and ignorant concerning the problems which the child must meet. How many women make a science of their housekeeping and are able to give their families the positive benefit of their systematic knowledge, at the same time teaching the art of home-making to their children? There is more of prevention of crime in proper preparation of food than most women realize; there is no less virtue in the atmosphere that makes for peace, and that cannot exist in a house where there is no system. Unity of purpose and uniformity of the details of home management are absolutely essential. Perfection does not come to any reformatory movement in a day, but the girls of this generation must be taught how to make the right kind of homes and how to be the right kind of mothers. Many more things are included in this than there were forty years ago. Then, a girl, to be pure, must be kept ignorant of all the sin, crime and disease of the world. Now she must know them to be forewarned and forearmed. There are distinct causes for all evil conditions of society and no woman has the right to assume the responsibility of wifehood and motherhood until she knows these causes.

And what of the boys? They should be inspired with the sense of fatherhood from their little-boy days. It is not an instinct that springs suddenly into life when a man is presented with his first child, though it is often unrecognized, or suppressed as a matter for shame. The development of the finer instincts of boys need not interfere with manliness and those elements of courage and strength which so appeal to men. An urgent entreaty should be made of all parents, in behalf of all boys and girls, that they be taught self-control and self-discipline from their infancy. These habits will be their safe-guard in many a struggle with the world and with themselves. Herein is our assurance for universal good citizenship.

## ACUTE PULMONARY TUBERCULOSIS

By JOHN B. HUBER, A.M., M.D.

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## PART I

A concise description of the types or forms of pulmonary tuberculosis is difficult, because tuberculosis is a general infection having its chief manifestation, in most cases, in the lungs; and because of the complexity of tuberculous lesions, the great variety of the clinical features, and the extent to which the infection is a mixed one. In some patients the symptoms are very pronounced, though the lesions are slight; in others the lesions are extensive and easily discernible, but with slight clinical manifestations. Here, as ever in medicine, we have to consider the individual condition of each patient, rather than an artificial scheme into which the given case should fit. Still, for purposes of study we have to have some logical classification, such as the following: I. Acute general miliary tuberculosis. II. Acute pulmonary miliary tuberculosis. III. Acute pneumonic tuberculosis. IV. Acute bronchopneumonic tuberculosis. The first two of these types are distinctly hematogenous infections. As regards the third and fourth types: Acute pneumonic tuberculosis is very like lobar pneumonia, but much graver even than that serious disease; we may consider acute pneumonic tuberculosis a pneumonia in which the essential and specific factor is the tubercle bacillus. The like is to be observed concerning acute bronchopneumonic tuberculosis and bronchopneumonia; the former is practically a bronchopneumonia in which the tubercle bacillus is the essential or specific factor and it is correspondingly a much graver disease. The terms "galloping" or "hasty consumption," "fulminating tuberculosis" and "florid phthisis" have been applied rather indiscriminately to one or the other of these four types.

## I. ACUTE GENERAL MILIARY TUBERCULOSIS

In this disease the tubercle bacilli have become disseminated throughout the body by way of the blood vessels, the result being the formation of tubercular nodules (in size from a millet seed to a hazel nut) in many organs and tissues. Here the pulmonary lesion is only a part (nor is it a distinct one) of the general process. The meninges are also frequently affected; so often, indeed, that tubercular meningitis is a distinct type, which will not be exhaustively considered here.

*The pathology.* The Koch bacillus gets into the circulation by the rupture into a blood vessel of a caseous (and especially an unencapsulated) tubercular nodule; or by the softening and ulceration of a tubercular focus in the wall of an artery or a vein. There is in most cases, to begin the mischief, an old primary focus somewhere in the body, which breaks down and discharges its contents into a vessel. This primary focus may be latent in a lymphatic gland (cervical or elsewhere); and when we recall the very intimate anatomic relation of the lymphatics to the blood vessels we must conclude that a miliary tuberculosis frequently comes from this source. Nor are tubercles rare in the walls of the vessels themselves. They have frequently been found in the walls of the thoracic duct; and of course the passage of tubercle bacilli into the great veins emptying into the right heart must follow. The primary focus may be in the pulmonary vein, or in the tissues drained by it; thence the bacilli would readily enter the left ventricle and thus be easily distributed throughout the body by the systemic circulation.

Other veins and arteries either have isolated ulcerating foci in their walls or are carriers and distributors of the bacilli; such foci have been found in the jugular veins, the vena cava superior, the suprarenal veins, the aorta and so forth. If the bacilli should break only into small arterial twigs the miliary tuberculosis might be localized in a small and fairly circumscribed area. Other tissues in which primary tubercular nodules are found on autopsy are those of the pleura, the lungs, the endocardium and the myocardium, the bones (in tubercular caries especially), the bone marrow, the joints, the genito-urinary tract, the intestinal tract, the peritoneum, the spleen, the thyroid gland, and the meninges.

One may in a measure account for the very varying character of the symptoms and their great complexity by considering both the Koch bacillus and its toxins in miliary tuberculosis. It seems that the bacilli themselves do not multiply in the blood. In those cases resembling typhoid fever as to symptoms, the toxins of the bacilli liberated into the blood stream are unusually virulent and destructive in their effect upon the economy; besides, mixed infection, especially with the streptococcus, frequently obtains. Other factors to be noted are: the patient's capacity for absorbing toxins, the relative number of the bacilli, and the amount of toxins in circulation. The discharge from a recent, more active focus of infection is more virulent than from old attenuated germs in a non-progressive and long standing process; there may be successive crops from the one focus; the body may be overwhelmed by egress, all about the same time, into the blood, from several places. Thus

may be explained acute exacerbations of the disease and the altogether atypical temperatures. It is considered that the systemic infection is due to the toxins and that local manifestations are due to tubercle formation.

*The symptoms.* In children a previous infection, such as pertussis or measles, is very suggestive: as also the possibility of a latent tuberculosis, as indicated by the history of an old lymphangitis or of a bone or joint lesion. In adults the previous history should also be carefully studied; an old pleurisy is a very frequent forerunner of tuberculosis in any form. Profound emotional disturbance has been found causative, no doubt by exciting a latent lesion.

There is usually a prodromal period of malaise or failing health, broken sleep, restlessness, anorexia; with dyspepsia, very decided weakness, loss of flesh and strength, chilly and febrile sensations. Or more rarely the onset is sudden, and then we have the serious symptoms of a general infection with pronounced local manifestations, when any one part of the body (as for instance the meninges) is especially affected. The fever obtrudes itself upon the attention and demands study. In the evening it may be high (to  $104^{\circ}$ ), and lower in the morning (to  $102^{\circ}$ ), possibly even subnormal (this may mislead into the diagnosis of typhoid fever); or the temperature period may be "inverse," high in the morning and low in the evening; or it may seem intermittent, suggesting malaria; or it may be generally low throughout the disease; or it may be utterly atypical, irregular, hectic or septic. The observations above made as to pathology will explain such temperature vagaries. The cheeks burn with the fever, and yet there is pallor of the lips and cheeks; there may be herpes and there is frequently profuse and cold perspiration.

The pulse soon becomes rapid, feeble, soft, compressible, perhaps dicrotic; it is the pulse of a grave and rapidly weakening infection. There is leucocytosis.

The pulmonary symptoms are not marked, not nearly so much as in acute pulmonary miliary tuberculosis. There is bronchitis, but not much more than such as accompanies any infectious disease; the cough may be slight or even absent; should the tubercle bacillus be found in the sputum, this would of course prove at least some form of tuberculosis. There may be hemoptysis; and perhaps nose-bleed. Cheyne-Stokes respiration toward the end would indicate, not necessarily a pulmonary lesion, but rather the hopeless general condition of the patient.

There are digestive disturbances; intense thirst, vomiting, constipation (rather more frequent than diarrhoea). The tongue is that of



a grave fever—dry, brown in the center, red at the edges, with sordes; but not so pronounced, nor with breath so offensive, as in typhoid fever. Tubercle bacilli in the urine would positively indicate broken down nodules somewhere in the genito-urinary tract.

The nervous symptoms must be emphasized, by reason of their frequency in this disease; they come about through tubercles in the meninges, and through pressure from effusion into the lateral ventricles: there is headache, probably frontal, intolerance of light, double vision or squint or dilated pupils; tubercles may be discovered in the choroid. There is muttering delirium, which will change, as the disease progresses, to stupor and then to coma. In children there may be the "hydrocephalic cry," active delirium or convulsions. Accordingly, as various cortical centers in cranial nerves are involved, we get hyperesthesia, muscular pains and twitches, reflex changes; retraction of the abdomen; paralyses. This meningeal tuberculosis is frequently "terminal" to the general infection.

The pulmonary *physical signs* are meagre and are no indication of the severity of the general miliary tuberculosis; there may indeed be very little pulmonary involvement. There is evidence of bronchitis, but no more than in any other acute infection. On inspection we note the face flushed or cyanosed; emaciation as the disease progresses. The bronchial fremitus should be elicited; the percussion note may be slightly dull; dullness if marked, especially near the apex, should indicate some previous lesion, probably tubercular. There may be hyperresonance, by reason of relaxed pulmonary tissue.

*The diagnosis.* This is oftentimes difficult, because in the beginning, at least, the symptoms are systemic or general in character, and local lesions are not so manifest; however lung or meningeal involvement is very suggestive of miliary tuberculosis. The infection most misleading is typhoid fever: malaria and malignant endocarditis must also be differentiated. A family tubercular history is suggestive, and a previous history of pulmonary tuberculosis, of a bone or joint lesion, of a lymphangitis, a pleurisy, pertussis or measles, or of the many factors predisposing to tuberculosis, should suggest this disease.

As between acute general miliary tuberculosis and typhoid fever many cases of this form of tuberculosis have been mistaken for typhoid and the symptoms are so similar that we speak of a typhoid-like general miliary tuberculosis. Progressive emaciation is marked in both diseases; cases of the latter have been treated for weeks or months on the assumption of their being typhoid. To increase the difficulty of diagnosis, pulmonary invalids may develop typhoid and *vice versa*. However, it is noteworthy that the development of acute general miliary



tuberculosis is not characteristic; on the other hand most cases of typhoid are fairly regular and characteristic. We are helped by the knowledge of typhoid cases in the family or of epidemics in the neighborhood.

In acute miliary tuberculosis the pulmonary or meningeal symptoms may be marked. The temperature should be very informing: in miliary tuberculosis it is irregular as described, generally not so high as in typhoid, and is better reduced by baths or ice-packs; the typhoid temperature chart is fairly typical and well-known. Bronchitis is likely in both diseases: tubercle bacilli in the sputum would of course settle the question; respirations are rather more frequent in miliary tuberculosis. The pulse is more rapid earlier in miliary tuberculosis. Di-crotism and interrupted pulse are perhaps more likely in typhoid; but here we get little help. The finding of tubercule bacilli in the blood demonstrates tuberculosis; but their absence means nothing. The positive Widal indicates typhoid. There is leucocytosis in miliary tuberculosis, but not in uncomplicated typhoid. The face is pallid in tuberculosis, flushed in typhoid; herpes is more likely in the former, sordes and offensive breath are more marked in typhoid. There may be an eruption, especially about the wrists, in tuberculosis; but petechiae (rose spots) especially on the trunk, indicate typhoid. Abdominal symptoms (meteorism, etc.) are more marked in typhoid; but tubercular peritonitis must be considered. Constipation is more likely in miliary tuberculosis; diarrhoea, with loose yellow and perhaps bloody, stools, in typhoid. Splenic enlargement is more marked in typhoid. Jaundice may mean many miliary tubercles in the liver. The Diazo-Ehrlich reaction may be had in both diseases; much help is not here to be had. However we may note that in miliary tuberculosis the reaction is considered not to come until the fifteenth day, then to continue until the end of the disease, and to indicate, if it persists, an advancing and incurable condition: in typhoid the reaction should come between the fifth and thirteenth days, not later than twenty-two days, and if not found within three weeks there is either no typhoid or a very mild case. Either tubercle bacilli, or typhoid bacilli, or both may be found in urine. It must be borne in mind that the two diseases may co-exist in the same case.

Malaria may be mistaken for general miliary tuberculosis, by reason of the septic or intermittent temperature and cold perspiration. In malaria, however, the plasmodium is very evident in the blood, there is no Widal, no leucocytosis, and the spleen is pronouncedly enlarged.

As to malignant endocarditis: in miliary tuberculosis the local symptoms may be pulmonary or meningeal, rather than cardiac; the onset of malignant endocarditis is sudden, with characteristic blood changes,

and this lesion may complicate or follow a disease of which the history is obvious.

The *prognosis* in acute miliary tuberculosis is very grave. Recoveries have been recorded. One doubts if the diagnoses have been correct in these cases. "Fulminating" cases may end in a few days; in any event death is seldom delayed beyond several weeks.

*(To be continued.)*

### HOSPITAL CATERING

By CORA McCABE SARGENT, R.N.

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What shall we have for breakfast?

What shall we have for tea?

A bit of steak, a chop or two,

Or a savory fricassee?

This is the daily problem of the woman who looks well to the ways of her household the world over, one that she solves according to her lights. If she happens to be informed as to food values, this knowledge is reflected in her decisions; if in addition to this knowledge she has also mastered the art of buying, blessed, indeed, is the household over which she presides. When the "anything so it's filling" hand to mouth system of catering and purveying prevails, it is a matter of health in spite of, rather than because of the fuel used for stoking the human engine; for, paradoxical as it may sound, it is nevertheless true, that one may be over-fed, yet actually starved in so far as real nourishment goes.

As with the housewife in the home, so it is with the housewife in that larger erstwhile home, the hospital. The same refrain, "What shall we eat?" is ever haunting her from sun to sun, except that in the latter case the responsibility is greatly multiplied because she must not only furnish the proper food-fuel for those of her large family who are in health, in order to keep them well and up to the working mark, but must also provide repair material suited to the rebuilding of the tissues laid waste by disease. Nor even then are her duties compassed; for, in addition, and most difficult of all, the capricious appetite of the sick must be coaxed and humored, a feature which should not be lightly passed over.

In hospital catering the two meals of the day that give the most concern because, of necessity, they are more or less monotonous, are break-

fast and supper. Breakfast is an especially difficult meal for the reason chiefly that the appetite is at low ebb and then too, the range of foods enjoyed at this meal are limited to a certain few. So it comes about, that the manner of preparing and serving becomes of paramount importance in order that the eye may be pleased and use its influence over the palate.

Unless forbidden there is always fruit and in this one article of food there is a wide scope for attractiveness in serving. In the cases of oranges; there is such a variety of attractive ways of serving that the sameness in the fruit itself is forgotten. Grape fruit has an added zest if garnished with marischino cherries and banked with ice. During the season, when the character of the illness is not prohibitive, any ripe, fresh fruit affords an agreeable change from the usual all-the-year round breakfast orange or grapefruit. Care must be taken, though, to see that it is ripe, fresh, and chilled. A delicious combination can be made of strawberries and oranges. Arrange the orange sections in a pretty glass fruit saucer to simulate a cup; then heap the strawberries in the center. Strawberries served in an orange basket banked with crushed ice will tempt the most flagging appetite. A highly-colored ripe peach, served with its own leaves for a setting, is most appealing. Grapes should always have a setting of green to accentuate their color, the very contrast catches the eye and creates the desire to taste. Even nicely stewed fruit is a welcome change, once in a while, when the appetite palls.

There is now such a variety of cereals on the market that monotony in this food is—unless, of course the patient has a decided preference for some one or two of the many—simply inexcusable. The hot cereals should be served hot; the so-called cold ones should be crisped in the oven before serving.

When it comes to eggs, which ordinarily constitute the substantial dish of the modern breakfast both for sick and well, there are such numbers of dainty ways of serving them that each morning of the week, if the diet kitchen nurse is up and doing, a change may be rung in. It should be superfluous to add that eggs served to the sick should always be unquestionable as to freshness.

When permissible, now and then eliminate eggs from the breakfast tray and serve, instead, a daintily broiled chop made festive with a chop frill and a garnish of parsley. A bit of tender steak carefully cooked and attractively served between hot individual platters will provide another surprise dish. A boned squab, masked in the shell of a baked potato, will be sure to meet with a smile of appreciation. When

properly cooked, that is to say, free from grease, dry and crisp, yet with no hint of scorch, and served on a hot platter and garnished with parsley or water cress, breakfast bacon is always appetizing.

The appended breakfast menus may prove helpful and suggest other equally suitable combinations.

## I

Grape fruit—cereal—sugar and cream  
Crisped bacon—hot buttered toast  
Coffee or chocolate

## II

Grapes—oatmeal with dates and cream  
Masked squab—dry toast  
Coffee or chocolate

## III

Strawberries in orange basket  
Cereal with cream and sugar—shirred eggs  
Corn muffins or toast  
Coffee or chocolate

## IV

Stewed figs—cream of wheat—cream and sugar  
Broiled steak—buttered toast  
Coffee or chocolate

## V

Oranges—cereal—cream  
Poached eggs on toast  
Coffee or chocolate

## VI

Sliced fresh pineapple—hominy grits and butter  
Hot bread and butter  
Coffee or chocolate

Supper for the sick in a hospital is almost as difficult as breakfast for the reason that so many dishes because of their more or less "heaviness," must be eliminated from the evening meal. Yet the fact remains that, as a rule, if the patient is on full diet, he is usually hungry at this meal, a fact which increases the difficulty of catering. For this reason, at least, one hot dish of a more or less substantial character should be included in the menu. This with a light dessert and the usual accessories to such a meal, are quite sufficient. A cream soup, such as one would serve at luncheon in the home, is enjoyed with a tray supper.



Light meats and eggs again come to the fore and proclaim their usefulness for the evening meal. When oysters are in season they may be prepared in many appetizing ways. Sandwiches, when daintily made, suggest a pleasing change and are popular with every one. Creamed dishes are always acceptable changes and embrace a wide range—for fish, flesh, fowl and vegetables lend themselves to this mode of cooking. Such foods may be served on rounds of toast, in bread boxes or in ramekins and thus made the more inviting. Delicate custards, jellies, stewed or baked fruits provide a suitable dessert. Many little touches may be given by the use of garnishes. So commonplace a dish as a baked apple, if capped with whipped cream and dotted with bits of fruit jelly, becomes transformed. These extra touches mean, as a matter of course, more time and labor, but both are profitably invested if the patient's appetite can be quickened.

As with the breakfast menus, the appended combinations for supper trays are merely suggestive.

## I

Creamed chicken on toast—stuffed potatoes  
Celery salad in lettuce cups  
Baked apples

## II

Cream of tomato soup—omelette  
Lettuce sandwiches—scalloped potatoes  
Baked custard

## III

Cold sliced ham—aspic salad in lettuce cups  
Steamed hominy—stewed prunes

## IV

Creamed eggs—apple and celery salad  
Baked potatoes—Macaroons  
Canned peaches

## V

Creamed dried beef—lettuce with mayonnaise  
Asparagus on toast—rice balls with custard

## VI

Chicken salad—bread and butter sandwiches  
Scalloped potatoes—fruit jelly



## THE SCHICK TEST

By CHARLOTTE JOHNSON, R.N.

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Investigations have led to some very interesting observations relative to immunity in diphtheria. It has been found that many individuals have enough antitoxin in the blood to protect them against the disease even when exposed constantly; again, others are partially protected, while still others possess little or no antitoxin in the blood and become easy prey to the ravages of the disease. An individual may be susceptible at one time and immune later on. Persons suffering from catarrhal conditions are often found to be diphtheria carriers. These rarely develop active diphtheria and often show a high degree of immunity. It seems probable that these may have had an unrecognized infection in a very mild form and as a result they have gradually built up in the blood a protective immunity against the disease.

Very few nursing babies under six months contract diphtheria. In children between one and four years, 65 to 69 per cent are susceptible; between four and six years, the percentage falls to 50 per cent; from six to eight years, it drops to 35 per cent; and from eight to fifteen we find only 26 per cent of children susceptible.

These observations are based upon what is known as the Schick test by means of which individual susceptibility and immunity to diphtheria may be recognized. This very delicate skin test, which has been worked out by an Austrian physician named Schick, is simple, practical and effective. Dr. George H. Weaver and his associates, who are doing this work in the Durand Hospital, have carried out the following technique: A very small amount of diphtheria toxin ( $\frac{1}{8}$  of a minimal lethal dose for a guinea pig of 250 grams weight) in a few minims of physiological salt solution is injected into the superficial layers of the skin of one arm. For a control, the same amount of toxin with more than enough antitoxin required to neutralize it is injected with saline solution into the other arm. The same amount of fluid is injected into each arm in order that the trauma may be identical. The injection is made with a very fine, sharp, short-pointed needle and a successful injection results in the production of a white blister-like elevation. If, within twenty-four to forty-eight hours, there is no redness the reaction is negative. There may be a slight redness which, if it is uniform in both arms and disappears quickly, also means a negative reaction. If the arm into which the toxin has been injected becomes a slightly brighter red than the other there is a slight positive

reaction. If there is considerable redness and induration in the arm injected with toxin while the other quickly clears up, the reaction is frankly positive and the patient has little or no immunity against diphtheria. In these cases the redness and swelling persists about a week or ten days, following by desquamation and a brownish pigmentation.

To be able thus to determine susceptibility to diphtheria is of great advantage in institutions caring for children. In this way non-susceptible children do not need to be sensitized by the preventive injection of serum even though known to be exposed to contagion. In case of an outbreak of diphtheria in the home or school or hospital ward, each child exposed may by this simple test be treated according to his need and not immunized unless this is necessary.

The Schick test is being made upon all cases entering the Durand Hospital with a diagnosis of diphtheria. In doubtful cases it helps in differential diagnosis. In diphtheria carriers it is of much diagnostic value. These patients may harbor the Klebs-Loeffler bacilli and still not be suffering from an active diphtheria. The Schick reaction in these cases is usually negative and can be relied upon in the diagnosis. When the patient proves to be only a carrier, he obviously does not need antitoxin. In an acute case of diphtheria the test gives a positive reaction if made before antitoxin is administered; if made simultaneously with the administration of a sufficient amount of antitoxin to neutralize the diphtheria toxin, the reaction is modified, or it may even be completely negative. Again, in severe cases of diphtheria where there may be a question of sufficient dosage of antitoxin, the test is most valuable. As soon as a negative reaction is obtained the patient evidently needs no more antitoxin. The amount of antitoxin in the blood of persons having a negative reaction varies considerably. About  $\frac{1}{8}$  of a unit of antitoxin to a cubic centimeter of blood is sufficient for ordinary protection. Some individuals are found to have as high as 10 units in a cubic centimeter of blood.

During the last seven months all interns and nurses entering the service in our hospital have been given this test. It has been found that about half of these individuals have had a sufficient amount of antitoxin in the body to protect them against diphtheria. Others, who are not fully protected, have the blood tested upon guinea pigs in order to determine accurately the amount of normal antitoxin in the blood. Those who show a very positive Schick reaction are given a small immunising dose of antitoxin. Previous to the adoption of this immunity test we had some diphtheria among young nurses caring for diphtheria patients. Since making use of this skin test we have not had a single

case. It has caused no inconvenience whatever and is certainly a great boon to the nurses.

As an index to susceptibility, this test is of the greatest possible value in schools or institutions where children are kept together in large numbers and where occasional outbreaks of diphtheria occur. As a help in differential diagnosis between active diphtheria and the diphtheria carrier it provides the only reliable aid known. As a means of determining proper dosage of antitoxin it establishes a rational basis for accurate, scientific work.

### AMERICAN RED CROSS WORK IN SERBIA

By AGNES GARDNER, R.N.

*Washington, D. C.*

Our first unit of twelve nurses and three doctors sailed for Serbia on September 9, 1914. Sixteen days later we sighted our first land, Gibraltar, with Spain on our left and Africa on our right. We visited Sicily and Greece, staying at Athens for three days, finally reaching Salonique on the border between Greece and Serbia. From there we took the train to Nish where we were met by Dr. Soubotitch, vice president of the Red Cross Society of Serbia; the American consul, Mr. Haskell; Mr. Grouitch, the Serbian permanent under secretary of foreign affairs, and Madame Grouitch, who is an American. We were entertained at lunch by the Serbian Red Cross, afterwards visiting their Red Cross headquarters and hospital.

During this time the question was discussed as to where we should be located; the military authorities considered Belgrade dangerous, as the town was at this time under bombardment and had been for six weeks. Madame Grouitch accompanied by Dr. Ryan, the director of our unit, and Miss Gladwin, our supervisor, to Valjevo to interview the Crown Prince on this subject and ask permission to proceed to Belgrade and take charge of the military hospital there. The Crown Prince asked the question "Were we not afraid to go?" and the answer was quickly given, "We would not have left America, had we been afraid." Needless to say the request was granted and we arrived in Belgrade, October 16.

At Belgrade the railway station had been shelled, so we were obliged to drive from a station below, Topsheda, a distance of five miles, through deep mud. It had rained for nine days! As we approached the city, the deep sound of the cannon from both Serbian and Austrian sides fell on our ears; this was actual war! We saw many pitiful sights

on the way, refugees flying, men, women and children, each carrying some bit of household goods, a chair, a table, a child's cradle, anything they could carry, it seemed.

The military hospital at Belgrade turned out to be a series of nine pavilions, modern stone buildings, erected seven years ago by the military authorities. The main building had two wings, in which were two large operating rooms, a sterilizing room, four dressing rooms, a tray room, a laboratory and main office and four large wards. These wards were bright and airy with plenty of windows and tiled floors. They were steam heated, electric lighted and contained between forty and fifty beds each. Adjacent to the main building were pavilions, medical and surgical, able to accommodate one hundred patients each, the administration building and magazine, kitchen, laundry, chapel and morgue. The day we arrived in Belgrade, we were allowed to view the firing line with the positions of the Serbians and Austrians, this was from the windows of a pavilion that was not used, owing to its close proximity to the firing line; later, however, we had to use it for our patients regardless of the danger.

The town was under martial law and our nurses were not allowed to leave the hospital grounds at times; even walking in the grounds for exercise was dangerous; shells whizzed over our heads and exploded in mid air. A Serbian girl, one of our helpers in the wards, went outdoors to get some water when a shell burst; she was knocked down, unconscious, a piece of shrapnel entering her abdomen. She was operated on immediately, afterwards making a good recovery.

Our patients at this time were Serbian soldiers only. They presented a hardy race, dark-skinned, brown eyed. Eighty per cent of the Serbians are farmers. They are very democratic, there is no class distinction, the officers address their men as "bratchaw" meaning brothers. Their motto is "Only Union Saves Serbia." They have been fighting for the last three years, four wars in three years: Balkan, October, 1912; Bulgarian, June, 1913; Albanian, November, 1913; and now this present one. As patients their conduct is admirable, they will stand torture while the doctors are probing for bullets and shrapnel, all you will hear them say is "Dobra" (good).

The language was difficult, but we managed to learn a vocabulary of useful words and every-day phrases. Grammar we did not attempt. Such words as boli (pain), noga (leg), rooka (arm), glava (head), oko (eye), yesik (tongue), zubi (teeth), zavoy (bandage), sparva (sleep), voda (water), chay (tea), lesta (lie down), sedite (sit down), dobro yuto (good morning), laku notch (good night), priyatno spavali (sleep well), fala (thank you) were among our first.



Our work went on steadily. Each nurse being assigned to a ward or pavilion, she would have one or more Serbian sisters to help her and four or more Serbian men who act as orderlies. These men are too old for the army, so do sentry work and assist with the sick. Dressings were done every day. Tetanus cases were numerous.

We had very scant supplies and the greatest economy had to be exercised, one layer of gauze being placed over a wound and absorbent cotton to finish the dressing; we had even to tie our dressings on with tapes owing to scarcity of bandages at times.

In the winter, the patients and ourselves suffered from the intense cold, it was pitiful to see those poor sick wounded people huddled up in bed under one thin blanket, for that was all they had and we had no more to give them. Sometimes when our coal ran out there would be no steam-heat. The food problem was a very difficult one. Very little came into Belgrade, everything was at a high price. A loaf of white bread would cost eighty cents; a tin of cocoa one dollar, and a tin of condensed milk one dollar. We never had butter on the table and no milk in our coffee or tea.

The electric light we could not use, none being used throughout the city, only dim candle lights and kerosene lamps. Battle still went on, we were able to tell the cannon from both sides, also the French guns. The hospital buildings would vibrate and windows would break continuously. Austrian aeroplanes would take flying trips across the city, throwing bombs down as they went. We had the American flag and the Red Cross flag flying from the tower of the administration building, also Red Cross flags over other pavilions.

In November, the Serbians changed their positions and 4000 Serbians were sent out of Belgrade into the interior. At this time General Ginkovitch, the so-called "Iron General," visited our hospital, addressing each patient in turn, enquiring about his wound and where it was received. The firing from Shabatz we could hear distinctly; some shells exploded just behind the hospital. The bombardment of the city was renewed; seven shells entered the house of parliament and many the royal palaces.

The Serbians were forced to retreat from Valjevo and the Crown Prince and staff to Arandjelovac (about forty miles southeast of Belgrade). The Austrians made an attempt to take back the island which the Serbians had taken from them, and the Serbians were firing on Semlin. The Serbs had been successful in capturing twenty cannon, forty-two machine guns and 10,000 prisoners in one week. November 29 began the voluntary evacuation of Belgrade by the Serbians; our patients were transported, leaving us only the worst cases. The



French guns went all night in rapid succession, using up their ammunition so that the Austrians should not have it. Belgrade was surrendered to the Austrians on December 2.

We were practically deserted. Our director, Dr. Ryan, had the unique experience of having charge of all the hospitals and Belgrade. Everyone in high authority had fled; there remained but few people, mainly women, who sought protection under the American Red Cross.

The Austrians led their army into Belgrade to the music of their bands. They brought in their wounded in numbers of 200 and 300, at a time, in their Red Cross wagons. In thirteen days, 6000 Austrian wounded passed through. No beds were to be had for them, as it was, patients were two in a bed, stretchers were lined up everywhere, up and down the wards, in the corridors and halls. Men looked up at you, dying, with seven and nine wounds, begging for bread; they had not had food for nine days. Hands and faces had not seen water for weeks and clothes had not been off in months. Their sufferings were terrible, wounds all infected and plaster casts put on over septic compound fractures to enable them to be lifted and carried more readily. Immediately came the famine of food, even the bread supply was exhausted.

These conditions did not last very long, though at the end of thirteen days, that being the time the Austrians occupied Belgrade, there was a rapid change. The Serbian patients, now prisoners of war, were transported to Bucharest, also as many Austrian patients as could be moved; there were left about 500 dying men with us.

The Austrians started to retreat hastily; the Serbians were surrounding Belgrade from all sides. The Austrians were literally cut off. Their only escape was across the Save River which they were driven into and shot down. Sixty thousand Austrians were taken prisoners.

December 15 was a red-letter day in Serbian history, when the Serbians reentered Belgrade once more with King Peter at their head. On our Christmas day (the Serbians' Christmas day comes thirteen days later), Prince Alexis of Serbia visited our hospital and went through the wards. Sir Thomas Lipton visited us on two occasions; we were indebted to him for several chests of tea. Lady Paget came from Skopje on a visit to Belgrade; shortly after her return she contracted typhus.

Now began the typhus epidemic, several cases breaking out in the wards daily. Dr. Nesbitt was our first American doctor to contract it at Belgrade. In a short time our first nurse, Miss Lusk, and then Dr. Ryan, director of our unit, who at this time was working single handed. Dr. Kirby Smith happened to arrive at this critical period; he had been commissioned by Washington to come from Pau, France,

with three nurses, and investigate the typhus problem and give relief. At Gevgeli, fourteen out of eighteen of our people had been stricken with it; Dr. Donnelly had already died.

To Dr. Kirby Smith and Miss Lehman, Miss Lofving and Miss Watson, the latter coming down with the disease three weeks later, we owe a debt of gratitude for their untiring work at this time, helping us to fight this deadly battle. We had 900 Serbians, typhus cases alone, in the hospital. Miss Smith and Miss Kerrigan had been added to our own list of sick, making four nurses and two doctors. Dr. Magruder had come up from Gevgeli with three nurses for our relief, but had to go to bed on his arrival with a temperature of 102°. Next morning his temperature was 104°. He died on the eighth day. Dr. Ryan's bulletin was sent to the Crown Prince every morning, his temperature, pulse, respirations and his condition.

Gradually our people were restored to health once more. Warm weather set in and broke up this disease, due to overcrowding and filth. There remained about 200 convalescing typhus patients in the hospital when we left in June. Ten nurses came back, including the four post-typhus cases. Dr. Ryan still remained at Belgrade with five doctors, as also does Miss Gladwin with twelve nurses.

We joined Sir Thomas Lipton's yacht, the *Erin*, at Salonique, making a delightful trip to Naples; from there we took an Italian steamer homeward, after many months spent in a country among people who love the American sisters and will long remember our efforts to alleviate their sufferings.

At Nish, Dr. Soubotitch, vice president of the Serbian Red Cross, asked us to convey to Miss Boardman, and through her to the American Red Cross, his people's many best wishes and heartfelt thanks.

## THE TRAINED NURSE AS A MOTHER

By MARY MANGAN DURKIN, R.N.

*Denver, Colorado*

I have often been asked whether my training as a nurse helped me in the management and care of my children and I answer decidedly, Yes. In my case it has been invaluable, it has meant success; and as I am the mother of seven children, I know whereof I speak.

My children are perfect, physically and mentally; they are well-poised, happy youngsters, with no tendency to bad traits of any kind. I know this is due to my knowledge of physical and mental hygiene. With the exception of measles, they have escaped the diseases of child-

hood. I understand food values and I always give them simple, nourishing food.

My husband's salary is not large, so I have to practice economy. I find that Indian meal mush, cooked in a double boiler for four hours on the previous day and heated in the morning, makes a good staple diet for breakfast. I give the children their principal meal at noon. Macaroni, rice, beans (baked or boiled), and apple sauce are on their diet list. I almost always give them well-cooked potatoes at noon. I give them a light, nourishing supper. They rarely need a laxative; their diet, with regular habits, is sufficient.

I encourage my children to drink plenty of water between meals and, as a routine practice, each child drinks a glass of water before going to bed. The result is that I never have to get up at night to wait on them. Their stomachs are never overloaded and they sleep soundly. All this applies, of course, to the children over fifteen months of age. The youngest baby sleeps well, but he wakes early in the morning; his health is perfect. I brought up the four youngest children on the bottle and used a hygeia bottle and nipple. They never vomited or showed any signs of stomach trouble. Of course my hospital training taught me the care of bottles, nipples, etc.

Another point I learned in my training is that a contented child is a healthy child, so I have always provided plenty of toys, tricycles, swings, etc. We have a large yard and the children have a barn and several little play-houses. They develop their individuality and amuse themselves while I am doing my work.

My training taught me to practice self-control, so when I found that another little life was dependent on my stability for its future, I tried and always succeeded in making it welcome in my heart. I believe that a darling baby that is wanted is blessed with a sunny disposition.

I have never overworked when it would have been harmful, even if it meant unscrubbed floors; if I suffered from fatigue, I rested for ten minutes. My children were healthy when born and that is half the battle. I never had a colicky baby, because I protected their bowels and made no mistakes in diet.

My hospital experience has enabled me to decide between the essential and the non-essential and it has certainly helped me to render first aid for the minor accidents which are part of every-day life in a large family.

Another thing I practice, thanks to my training, is the conservation of energy. My children hardly ever lose any nervous force in crying, for I tell them if they cannot control themselves, they may go where they

will not annoy the rest of us. I find if there is no audience, there is no cry.

My own health at present is perfect, thank God. I take the best care of it, for I think a healthy mother is a successful mother.

In conclusion, I will say, unhesitatingly, that without my training I would be what so many women in my circumstances are, a tired, worn-out, broken-down mother, perhaps with a hopeless outlook, having no strength to meet the requirements incidental to the care of a large family. Instead, I am in perfect health and I hope I have a brilliant future before me. I can see life from all angles and, if God spares me, I expect to render a great service to our country by giving to the race a group of normal, cheerful men and women. I wish all women contemplating matrimony were fortunate enough to enter our ennobling profession.

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#### PUBLIC HEALTH IN SPRINGFIELD, ILLINOIS

"Public Health in Springfield, Illinois," by Frans Schneider, Jr., a report which, besides giving a careful analysis of the Springfield situation, contains up-to-date and readable discussions of the various public health problems that confront American communities. Those engaged in public health administration or teaching, and sanitary engineers, will find in it much of special professional interest. Social workers and the laity may gain from it a clearer understanding of what the new public health can and should do; while municipal authorities will find it helpful in deciding the difficult question of what funds the health department should be allowed and what reasonably may be expected of it. To those contemplating a public health survey this report may be recommended as typical.

The report is 150 pages in length, is indexed, and is illustrated with 14 maps, 38 charts and 27 photographs. The chapter headings are as follows: Life Wastage in Springfield; Fundamental Facts Regarding Springfield; Infant Mortality; Contagious Diseases of Children; The Springfield Tuberculosis Situation, by Dixon Van Blaroom—Extent of Tuberculosis in Springfield; Existing Agencies for the Control of the Disease; Suggestions for an Adequate Campaign; Where the Responsibility Lies—Typhoid Fever; The Venereal Diseases; City Water Supply; Sewerage and Sewage Disposal; Wells and Privies; Milk Supply; Food Supply; Other Sanitary Conditions; Springfield's Public Health Service; Summary and Conclusions; Appendices. (Published by Department of Surveys and Exhibits, Russell Sage Foundation, 130 East 22d Street, New York. Price, 25 cents.)



## NARRATIVES FROM THE WAR

IN CHARGE OF

ELISABETH ROBINSON SCOVIL

Josephine M. Gordon, Massachusetts General Hospital, who went to the front with the Canadian Red Cross, is nursing in a large hospital in Malta. She writes that supplies often run low. One reason is that the patients are changed so often. The saline solution is made from the Mediterranean Sea water. Cyanide of mercury, peroxide of hydrogen, iodine and boric acid are largely used in dressing wounds. Miss Gordon says that one patient has so many wounds he is daily put in a tub of antiseptic solution. "He is very brave about it." The Canadian Red Cross nurses sign for one year's service or as long as needed. Nearly all of them are in Europe. Some are in Egypt. They are paid \$20 a month, and all expenses. The work of Canadian nurses on military service is said to be marked by great efficiency. They show a quick grasp of their duties, and unusual capacity and initiative. Many of them were trained in American hospitals.

Fighting has been going on in the region where archaeologists claim that the Garden of Eden was situated. It lay between Annah and Hitt, on the upper Euphrates, and has been the scene of battles between the British and Turks. The Lake of Gennesaret, or Sea of Galilee, near Nazareth, is in the war zone. The hills around Nazareth are fortified by the Turks, and the ruins of Capernaum are threatened by mines and air bombs. The village of Gaza, where Samson pulled down the pillars of the temple, and Hebron, where Abraham was buried, are in the path of the retreating Turk.

Girls in uniform take tickets at the railway stations in London, act as conductors on tram cars, and perform as many services previously done by men as possible, thus setting men free to join the army. Even old men wear uniforms, with a red brassard around the arm, showing they are members of the Home Defense corps.

The protective devices which nature has used to conceal birds and animals from the observation of their enemies, are being imitated by the military authorities for the advantage of soldiers in the field. The Khaki uniform is copied from the color of the coat worn by many wild things. Nature neutralizes the shadows. It is suggested that



the soldier's cap should be black, while the under projecting surface above the band should be snow-white. Soot and pipe clay could be used in an emergency. Tents and guns are painted in patches of brilliant color to blend more effectively with the landscape.

Ernest Lissauer, the author of the German Hymn of Hate, explains that it was written as the result of a passionate impulse during the first weeks of the war. He says it was not intended for the young and advises against its publication in school books.

It is announced from Paris that Dr. Alexis Carrel, of the Rockefeller Institute of Medical Research, and Dr. Henry Dakin, of the Lister Institute, have discovered what is thought to be an ideal antiseptic. The experiments were made at the Compeigne Military Hospital. Carbonate of lime, and boric acid are added to the hypochlorite of lime, thus rendering it harmless to the tissues, and making it stable. It is said to make infection of wounds impossible.

Queen Amilie, the former queen of Portugal, is now nursing wounded soldiers in a London hospital.

The population of the world is estimated at between sixteen and seventeen hundred million. Of this over 963 million, or more than half, are now at war, in that they are subjects of or under the protection of states engaged in hostilities. Of this total, 421 million are British subjects or are under British protection.

A report from a base hospital in France says:

We have room for 20,000 patients, all under cover. We have had among the wounded those burned with liquid fire. The hospital tents are large, luxurious Indian marquees. In our unit we have 1050 patients, 40 doctors, and 75 nurses.

British troops have been provided with gas helmets, as a protection against gas attacks. Steel helmets, as a defense against shrapnel, and metal armor, covering the abdomen, are also used in the armies of the allies.

Convalescents in the Canadian military hospitals in France wear a blue uniform and bright scarlet tie. The wounded who can walk after their wounds are dressed, have blue dressing gowns. Each soldier has a "comfort bag," sent from Canada, to hang at the head of his bed, and in this he keeps his few treasures.

A cross with the inscription, "James F. Donnelly, staff physician, New York City, U. S. A.," has been placed on the grave of Dr. Donnelly, who died of typhus fever while trying to conquer this scourge in Serbia.

## THE RED CROSS

IN CHARGE OF

JANE A. DELANO, R.N.

*Chairman of the National Committee on Red Cross Nursing Service*

### THE EASTLAND DISASTER

BY MINNIE H. AHRENS, R.N.

The *Eastland*, a large excursion steamer, was engaged on July 24 by the Hawthorne Club, the membership of which is made up of the employees of the Western Electric Company, for their annual picnic at Michigan City, Indiana. Four steamers had been chartered and the *Eastland* was the first to receive passengers. By 7 o'clock, the steamer was loaded to its capacity. The gang plank was taken in when about 2500 people were aboard. The lines were about to be loosened and a tug had arrived to tow the steamer into the lake, when it began to list. Before the boat was loosened from the dock, she slowly rolled over toward the river, filling with water. The weight of the water and passengers caused the steamer to roll on her side resulting in the loss of over 800 lives. Live-saving crew and tugs were soon on the scene. Men jumped into the river to assist the drowning and many of those reached early were saved.

As soon as the chairman of the Red Cross Committee learned of the accident, with one nurse who was in her office, she went over to where the disaster occurred, there finding three nurses already hard at work. Blankets and cots had arrived from the large stores. Blankets were being spread on the side walk and bodies laid on them, as they were brought up out of the river. Immediately upon arrival and as soon as it was possible to reach a telephone, the registrar at the Central Directory and all public health nursing organizations were communicated with and asked to send nurses as quickly as possible. As they arrived they reported to the chairman for instruction. This was true, whether they were Red Cross nurses or not, and occurred before it was possible to have any plan of organization. The nurses worked on the bridge and in the street in the pouring rain until about 12 o'clock, when plans were made to take the rescued into Reid, Murdock's large wholesale grocery building. This firm turned the entire building over to the workers.

The work of resuscitation was a hopeless undertaking, as practically every one brought in after 9 o'clock was beyond assistance, although each one was worked over between fifteen and twenty minutes. As soon as the workers got under cover, the doctors began asking for hot applications. This meant hard work as the wringing out of hot blankets is no easy task. Very soon we had hot application stations established. A corps of men saw to it that pails of hot water were kept ready, two nurses being placed in charge of each station who were instructed to see to it that hot applications were ready as required.

By 1 o'clock there were at least a hundred nurses working, each of whom deserves hearty praise for the manner in which she responded and followed instructions. The only instruction which they failed to follow was that they should go home when they were exhausted and drenched to the skin. Few were resuscitated, but still all felt that perhaps the next one might be revived. At 5 o'clock it was decided that doctors and nurses could be of no further service.

The 2d Regiment Armory was turned into a morgue. After conference with Mr. J. J. O'Connor, director of the Central Division of the American Red Cross, it was decided to establish an emergency hospital at the Armory to take care of the friends and relatives who would come in to identify their dead. They began taking bodies to this morgue about 6 o'clock but did not open it to the public until 9 o'clock. Five Red Cross nurses were assigned to duty for Saturday night and such a spectacle as these nurses beheld, as they entered this place of the dead with between five and six hundred bodies on the floor! Nurses were placed on six hour duty, and the first night between forty and fifty persons were cared for. The emergency hospital at the morgue was continued until the fourth day, when there seemed no further need for nurses.

It is at such a time that nurses realize and appreciate the value of their Red Cross nursing service. Without organization it would have been impossible to have had such coöperation. It gave an opportunity to find out their short-comings and further needs. Among other things, the nurses generally felt the lack of first-aid instruction.

## DEPARTMENT OF PUBLIC HEALTH NURSING

IN CHARGE OF

EDNA L. FOLEY, R.N.

For many months, perhaps ever since the present editor assumed charge of this department, all sorts of questions have come to her desk in the course of a year from public health nurses in every part of the United States. It has been a pleasure to answer these questions, whenever possible, and it has been stimulating to look up the answers when the question itself suggested a new line of thought to the editor. Many of these questions have been so helpful that the editor desires to pass them on to other public health nurses, trusting that they may derive some of the benefit and pleasure from them that have come to her. Therefore, with the permission of the Editor-in-Chief, this department of the JOURNAL will hereafter be a question and answer department, not necessarily a correspondence department, for much of the material in the letters addressed to the editor is not for publication. Nurses who differ with the editor's answers are invited to send their opinions to the department, for the judgment of many minds is always better than the opinion of one person. Other nurses having questions to ask are also invited to correspond with the department, for in this way we may be more than ever mutually helpful.

**DAILY REPORTS.** Should a small association, employing one, or at most two nurses, require those nurses to submit written daily reports to the board, in addition to history cards, monthly reports, and monthly time books?

**Answer:** No. At most, a daily report is a convenience for the supervisor of many people. At the end of thirty days or a year it is waste paper, requiring more filing space than most offices can afford to give it. Single public health nurses, or members of a small staff, should keep some form of report that will enable the directors to prove on short notice that the nurses are doing good work, both in quantity and quality, nevertheless an individual history card on which the daily visits are recorded for statistical purposes, are always of value, and are sufficient without a written daily report. Many nurses keep a page-a-day book, and this convenient form of diary can now be purchased from almost any good stationer. It is dated for the current year, and each



page bears the name of the day and date, e.g., "Monday, July 2." By keeping scratch notes in pencil in this book, a busy nurse has a reference book from which she may fill out her individual patient's history card or her time book at the end of each day or at the end of several days, whichever method is most convenient for her.

Every locality is something of a law unto itself. Honest statistics are essential if the work is to be supported by private subscription or from the public treasury, but all unnecessary clerical work should be spared the nurse who cares for the patients, keeps office hours, and does all her own clerical work. Occasionally nurses are asked to write full daily reports from which patients' history cards and monthly time books are kept by an office clerk, by the supervising nurse, or even, in one instance known to me, by a member of the board of directors, but no nurses should be asked to do a daily report in addition to keeping her own history cards and time book, unless she is a member of a very large staff, where the daily report may be necessary in order that a supervisor may keep in close touch with all of the patients in the territory under her supervision. If the ideal day ever comes when supervisors do not have so much to do, the daily report sheet should be discarded, even in large organizations. The idea of the daily report is not to prove that a nurse does her work honestly, and really spends all of her time in the district; it is simply a record of her day's work; and since this record is also written down on a patient's history card and in a time book, and frequently in a page-a-day book, the daily report sheet is superfluous. Often the supervisor of a large group of nurses is able to tell from the daily report sheet of new nurses how much relief those nurses need, whether or not they are planning their work wisely, and if patients most in need of care are being seen first and sufficiently often. The individual public health nurse, however, or the nurse on a small staff, is more or less her own supervisor, and if she is not able to plan her work well, writing a daily report at the end of a busy, tiresome day will not help her particularly. Of all the records kept now by public health nurses, the daily report is, in most instances, neither necessary nor advisable. A monthly statistical report is essential if she is going to be able to explain her work to the public, and to her own directors. A monthly written statement telling about her more interesting cases, coöperation with other agencies, health conditions in the town, etc., is even more essential if she is going to keep their interest and continue to deserve their support.

**NURSING CARE OF ADVANCED PULMONARY TUBERCULOSIS.** What does your organization do when nurses on your staff object to caring for patients suffering with pulmonary tuberculosis?



**Answer:** At present the Municipal Tuberculosis nurses in Chicago give all nursing care to bed-ridden tuberculosis patients in the city, but until this work was given over to the city, the rules of the Chicago association would have caused us to drop any nurse who refused to give nursing care to any patient to whom she was sent. Occasionally a nurse who has recently been ill, or who is more or less susceptible to acute infections, is not sent into homes where there is diphtheria or scarlet fever, but unless such a nurse is an uncommonly valuable addition to our staff, we could not make these arrangements, and even then we could not make such arrangements for more than a few months. Nurses who are afraid of tuberculosis are advised to keep out of public health nursing. There seems to be no disease so prevalent. No matter why we are called to many of our congested homes, before we finally dispose of the family, we frequently discover some case of tuberculosis in it. There is absolutely no danger to a good nurse in tuberculosis work if she takes the usual precautions. Naturally a nurse whose technique is poor and whose training has taught her that tuberculosis is a highly contagious disease, rather than a somewhat communicable one, would be afraid to give care to patients in the last stages. There are just two types of pulmonary tuberculosis which our nurses were instructed not to visit the second time. The first was the bed-ridden single man in a male lodging house. Any one who has visited those lodging houses in a large city will understand our reason for making this exception. We felt that such patients should be in a hospital and that the responsibility was the city's rather than ours. The other exception was the advanced, extremely careless patient, male or female, whose bed, bedding, and floor were soiled with sputum containing tubercle bacilli. We felt that no amount of precautions would protect our nurses in rooms occupied by these patients and that they, too, were properly the responsibility of the Health or the Police Departments. If this latter type of patient responded to instruction and did his best to obey orders, once the room and bedding were clean and put in order, we then carried the patient on our books, but so often these patients were alcoholics who could not, or would not respond to instruction, that we turned them over to the Health Department and refused to return to their homes. Occasionally we have been told by doctors and other workers that it was wrong to let nurses touch an advanced consumptive, but personally the writer believes that these people do not know their subject. Consumptives do not choose their living death, and until conditions are so controlled by an enlightened public that they may not be exposed to this disease on all sides, every public health nurse should do as much for these poor people as she possibly can.

**POST-GRADUATE WORK.** Where may a visiting nurse, at no expense to herself, secure training in public health nursing, particularly school nursing?

**Answer:** There is no place in the country known to the writer where a technical education of this sort is given absolutely free of charge. A graduate nurse may frequently get experience on the nursing staff of a large visiting nurse association, or she may volunteer her services for special school work in connection with some municipal health department. If, however, she volunteers her services in return for the training given her, she will have to meet her own living and travelling expenses. If she secures the training on the nursing staff of a large organization, she will have to spend at least one year in its service, provided, of course, she makes good in the work. Few associations are sufficiently well financed to be able to offer public health nursing education free of charge to any nurse, graduate or otherwise. The courses in public health nursing in the country open to graduate nurses are those in the Department of Nursing and Health, Teachers College, New York City; Henry Street Nurses' Settlement, New York City; Instructive District Nursing Association, Boston, Mass.; Visiting Nurse Association, Cleveland, Ohio; and Phipps Institute, Philadelphia, Pa. Some of these offer scholarships. The nurse desiring to equip herself for public health nursing should send for the literature published in regard to these various courses and should then make up her mind to earn the money that will enable her to take the one that most nearly meets her desires. No really good post-graduate instruction is given for the asking.

## NOTES FROM THE MEDICAL PRESS

IN CHARGE OF

ELISABETH ROBINSON SCOVIL

**CHEAP ABSORBENT DRESSINGS.**—*The British Medical Journal* recommends the use of bags of sawdust, spagnum moss and peat moss as absorbent dressings for freely discharging wounds. They are also of use in cases of incontinence of urine.

**TREATMENT OF CANCER.**—A communication to the *Medical Record* from an Edinburgh physician speaks strongly in favor of the treatment of cancer, tuberculosis and malaria by injections of a preparation of the secretion of the pancreatic gland, including both trypsin and amylopsin. This is presented as the scientific solution of the problem of curing these diseases and especial emphasis is laid on the case of cancer. The remedy is prepared in the form of a dry powder, which will keep indefinitely in any climate, and which can be dissolved for injection in a few minutes.

**PERTUSSIS AND VACCINATION.**—*The Journal of the American Medical Association* says in an editorial that this disease, "which kills yearly ten thousand American children" has an indefinite onset and long duration and its seriousness is not appreciated by the public. Favorable results in the prophylactic use of vaccine are reported. This points to the possibility of reducing the morbidity and the mortality of whooping cough.

**TURPENTINE AS A HEMOSTATIC.**—*The Lancet* notes the value of turpentine as a hemostatic, especially in secondary hemorrhage. The area to be treated is freed from blood clots and debris and the turpentine applied. It is particularly valuable in cases when no bleeding points can be caught and the hemorrhage is alarming.

**NURSING IN PREGNANCY.**—In answer to an inquiry the *Journal of the American Medical Association* states that so far as at present known the existence of pregnancy has no bad effect on the breast milk, except its reduction in certain cases. In an extract from the *American Journal of Physiology* it is mentioned that an observer found the transfusion of blood from a pregnant goat into a lactating one temporarily inhibited the milk secretion.

**PEDICULOSIS CAPITIS.**—A writer in the *Medical Record* recalls the fact that for the extermination of pediculosis in the hair, kerosene should be used at night and a towel wrapped about the head. In the morning the hair should be combed with a fine tooth comb that has been soaked in vinegar all night. After this a thorough application of ammoniated mercury ointment, full strength, should be made.

**SPIRITUS ETHERIS NITROSI.**—The *British Medical Journal* says that owing to the rapid loss of ethyl nitrite, the active ingredients in the mixture known as sweet spirits of nitre, upon the addition of water, it should not be diluted until just before it is given to the patient.

**PREVENTION OF MUMPS.**—A writer in the *American Journal of Diseases of Children*, relates the result of protective injections in the case of twenty children who were exposed to mumps. Whole blood was used from children recovering from mumps in various stages and was injected intramuscularly. There were no disagreeable manifestations, neither rise of temperature nor local reaction. Three children did not come into direct contact with the disease and the remaining seventeen did not contract it. In the wards where the children were not protected by the injection, fully one-third to one-half came down with the disease.

**CONTROL OF TYPHOID.**—Dr. M. W. Richardson says in the *Boston Medical and Surgical Journal* that the most effective means of preventing typhoid is to "wash your hands before handling food, whether it be for yourself, or for other people's use."

**TOO FREQUENT BREAST FEEDINGS.**—A writer in the *Lancet* deprecates the custom of urging women to nurse their babies at two-hour intervals, nine or ten times during the twenty-four hours. He considers it injurious to mother and child and as responsible for weaning in an enormous number of cases. It cannot usually be endured for more than a month and if persisted in is not beneficial.

**COMPLICATIONS OF VACCINATION.**—The *Journal of the American Medical Association*, in an editorial commenting on the complications of vaccination, says that tetanus which is the most common is probably due to subsequent infection of the wound and not to the presence of the tetanus organism in the vaccine virus. Vaccination is a surgical procedure and should be performed with aseptic precautions by a painstaking physician and the wound properly cared for until it is healed.

**TEN COMMANDMENTS OF THE WOUNDED.**—An Italian surgeon has issued a decalogue for the Italian soldiers. The commandments relating to wounds forbid touching them with the fingers and recommend the immediate application of iodine, covering it with gauze from the first aid packet. Bleeding should be arrested by a tourniquet but the con-



striction should not be kept up for more than two hours for fear of gangrene resulting.

**EFFECT OF WORK ON THE BLOOD.**—The *Journal of the American Medical Association* says that experiment shows that the percentage of hemoglobin and the number of red blood corpuscles, and therefore the oxygen-carrying capacity of a unit volume of blood, are increased under conditions of work causing an appreciable amount of perspiration. If no perspiration, there is no such increase.

**CONGENITAL SYPHILIS.**—In some experiments conducted in the East End of London to ascertain the prevalence of syphilis among the new-born, it was found that out of 1015 examined only 14 gave positive reactions, only one showed manifest symptoms at the time of birth. Only 4 out of 27 syphilitic women had syphilitic children.

**WOUNDED IN THE WAR.**—Sir William Osler states that during the first ten months of the war the killed numbered 50,432, the equivalent of the annual toll taken in England alone by the tuberculosis bacillus. Of the wounded up to date, 60 per cent have returned to duty. Tetanus, which at first was a frequent complication, has been largely prevented by protective inoculation, given at the first dressing station.

**PREVENTION OF TUBERCULOSIS.**—Dr. George M. Hober, president of the National Association for the Study and Prevention of Tuberculosis, in an address at a meeting in Seattle, recommends amongst other special measures of prevention, compulsory notification of all cases, enforcement of anti-spitting laws, prohibition of common drinking cups, proper sanitation of hotels, lodging houses, theatres, churches, schools, ambulances and trains, the prohibition of the marriage of tuberculosis persons and the isolation of tuberculosis patients.

**LOSS OF WEIGHT IN THE NEWLY BORN.**—Dr. Jacobi, in a communication to the *Journal of the American Medical Association*, reiterates that the decrease of weight in new born infants is caused by the loss of water, eliminated through the lungs, skin, kidneys and intestines. This should be supplied by adding barley water to the milk after a few days, or giving it at first, if the mother's milk is slow in coming; it may be sweetened with cane sugar.

**PRENATAL CARE.**—A French medical journal says that the child is carried longer and is more perfectly developed at birth when the woman can rest during the last few weeks. The human ovum cannot develop normally unless the uterus is sound, therefore hygiene before conception is very necessary.



## LETTERS TO THE EDITOR

The editor is not responsible for opinions expressed in this department. All communications must be accompanied by the name and address of the writer.

### APPRECIATION

DEAR EDITOR: The Red Cross letters in the JOURNAL are very interesting, and I am glad the nursing world can do so much to help with all the dreadful suffering in Europe. I am glad, everywhere I go, that I am a nurse, and thankful I can do a little to help this race of diseased degenerates; so many little sick babies, so many that die, that I wonder there are any left to grow up.

M. M. I.

*Philippine Islands.*

### THE PULMOTOR

DEAR EDITOR: In June last, at Surfside, a little summer settlement near Boston, a still-born baby was restored to consciousness by the use of a pulmotor. The usual means for resuscitation; slapping, dipping in cold and hot water alternately, and artificial respiration were employed for three-quarters of an hour, without success. Then Dr. Sturgis called up the fire station for the pulmotor. In three hours from birth the baby was lying in its basket, and crying lustily. At the date of writing the baby seems perfectly normal and is thriving to the satisfaction of all concerned.

It does not seem possible that any doctor would object, in like circumstances, to a suggestion from a nurse that a pulmotor be tried.

E. O. BOSWELL.

*Massachusetts.*

### ETHICS

DEAR EDITOR: Being very much interested in all phases of nursing I should like to know, through the columns of your paper, if it is considered proper for nurses to wear their uniforms on the streets? Also is there or should there be any decided style of uniform? Personally I very much dislike short sleeves, low necks, thin materials, and narrow or short skirts for uniforms. Is there no sanitary reason why uniforms should be worn on duty only? What do you think of nurses not wearing the caps of their own schools? I hear there was considerable said at San Francisco about nurses wearing jewelry and high heels on duty and I hope this may be emphasized until all nurses are free from this (I fear) richly deserved criticism. Nursing ethics is also a point I long to hear more about. Should a second or third nurse on a case ever keep it when the first is able and willing to stay and is doing faithful work?

ONE INTERESTED.

## MOTIVES FOR THE ESTABLISHMENT OF NURSE TRAINING SCHOOLS

DEAR EDITOR: In your issue of May, 1915, page 543, it is said "Training schools were first organized in order that a hospital might secure the services of young women to care for the sick, at a minimum cost for a fixed period." That this is unfair is shown by the act of incorporation of the New England Hospital for Women and Children, in Boston, adopted June 5, 1863, which states as the three objects of the institution: 1. To provide for women medical aid of competent physicians of their own sex. 2. To assist educated women in the practical study of medicine, and 3. To train nurses for the care of the sick. Very soon this training was begun, and the first training school in the United States was started on an educational, not a financial, basis.

HELEN F. KIMBALL,  
*President of New England Hospital  
for Women and Children.*

*Brookline, Mass.*

[This bit of nursing history is interesting at this time showing that the women who were back of the establishment of the first training school in this country were not acting from commercial motives. The New England Hospital school was the first to be established in the United States for which it has not always received the credit to which it was entitled as a leader in the great pioneer movement.—Ed.]

## A LAST COMMUNICATION FROM MISS DAMER

[Shortly before her death, Miss Damer sent the following, thinking the JOURNAL readers would be interested in a personal letter written to her by a nurse on duty in France.—Ed.]

"You, like others, will wonder why I do not write. Well, I find it pretty hard work. At night we are not allowed lights and just get time to rush to bed. Through the days we are busy and seldom get any spare time. I have to relieve for dinner, relieve for time and take my time and the day goes very quickly. We just have the — unit in, they are making considerable extra work. Dr. Crile's people were very nice and never made any work. They used oxygen and gas for all operations. This is given from a special tank and is the invention of Dr. Crile. There is no pain felt either during or after the operation and no nausea or ill effects. The patient could usually eat his meals or have a smoke, and we never realised how much we were missing until Dr. Crile left, and we went back to ether with all its pain and after effects. I have a ward of nine beds and have now seven patients, have a young girl to help, also an orderly if needed, but I would much rather be alone and do all my work. I was taken off and sent to another ward but the patients put in a written request for me to stay so I finally got back. The men are very nice, no trouble, seldom complain, do anything in the way of helping and are very nice to nurse. I hope to stay as long as needed. So far I keep well, but the climate has been very hard on me. We nearly all suffer from colds and in some cases they are quite serious."

*New York.*

S. D.

## PEACE AND PROTECTION

DEAR EDITOR: The Woman's Peace Party is asking for the moral and financial support of organizations of nurses. May I voice a protest?

Peace, a righteous peace, our duty toward our neighbor and ourselves not left undone to rise up in judgment against us, we can agree in desiring heart and soul. But can we agree with the programme of this peace party?

Had our navy been ready, would Germany have dared to touch our flag and murder our citizens? She knows, better than the rank and file of our people, how unable we are to enforce our righteous demands. Had England had an army prepared, Germany would not have dared to fight. Belgium and Luxemburg both desired peace, but Belgium armed and ready to do her duty is the heroine of the nations; through her sacrifice France is saved. We glory in Belgium, we can but pity Luxemburg. Would we, unprepared to uphold our rights, deserve even such pity as we give with full hearts to poor little Luxemburg and her girl duchess? Is it the time to cry "Peace, peace," while a nation on a murderous rampage, believes and teaches her children, that "might makes right," and her rights are as great as her power to get them?

We want to stand loyally by our Government. May its head be enlightened to guide us rightly, its arms strengthened and trained to protect, and its body united and ready to respond to every call to duty, as well to our weaker neighbors as to ourselves, as we did in 1891. Then, and only then, can we effectually work for peace.

SPANISH AMERICAN WAR NURSE.

*Bryn Mawr.*

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WILL PLAN HOW TO MUNITION TUBERCULOSIS WAR

How to munition and carry on the war against tuberculosis during the coming year will be discussed at five sectional conferences on this subject being called by the National Association for the Study and Prevention of Tuberculosis in Indianapolis, Indiana, September 29, 30 and October 1; at El Paso, Texas, September 27 to October 1; Columbia, S. C., October 8 and 9; Springfield, Mass., October 22 and 23, and at Albany, N. Y., November 1.

Methods of carrying more effectively the war against tuberculosis, both by physicians and laymen, will form the chief subjects for discussion at the various conferences. It is estimated that over 100,000 people are interested in the tuberculosis fight. Every possible effort will be made to interest these workers in attending the conferences nearest to them.

# NURSING NEWS AND ANNOUNCEMENTS

## NATIONAL

### THE AMERICAN NURSES' ASSOCIATION

Associations affiliated with the American Nurses' Association are urged to order reprints of the paper on Nursing Indians for distribution among their members. These may be had at five cents each or fifty cents a dozen. A few of the reprints of the legislative sessions are for sale at ten cents each. Address the secretary and send money in stamps if for small orders.

Nominating blanks were mailed on October 1 to each affiliated association and to each permanent and charter member. Any who do not receive them should report the matter at once. Much of the Association mail goes astray because changes of address and of officers are not promptly reported.

KATHARINE DEWITT, *Secretary*,  
45 S. Union St., Rochester, N. Y.

### REPORT OF THE NURSES' RELIEF FUND, AUGUST, 1915

#### Receipts

Previously acknowledged.....	\$5430.23	
Minnie A. Maguire (Kings County Hospital Alumnae, Brooklyn).....	1.00	
Martha M. Morrison, (Brooklyn Homeopathic Hospital Alumnae).....	3.00	
Mildred M. Hamilton, Miami, Fla. (Bellevue Alumnae).....	5.00	
Mary C. Feeley (Garfield Memorial Hospital Alumnae)	3.00	
Calendar fund, Pennsylvania State Nurses' Association...	52.93	
Florence E. McKee, Wilkesburg, Pa.....	1.00	
Josephine Meyers, Newport, Kentucky.....	1.00	
Marion E. Hartman, Getzantown, Pa., (Samaritan Hospital Alumnae, Philadelphia).....	1.00	
Lilla B. Dimock, Saybrook, Conn.....	1.00	
Margaret A. Wallace, Passaic, N. J.....	2.00	
Charlotte I. DuBois (St. Luke's Hospital Alumnae, New York).....	1.00	
Elisabeth Reading	} Bellevue Alumnae {	3.00
Clara Cahoon		1.00
Mary A. Slayton		2.00
Emma G. Paulding		1.00
St. Luke's Hospital Alumnae Association, San Francisco..		25.00
Emma N. Short, Baltimore, Md.....		5.00
Utah State Nurses' Association.....		10.00
Janet Fisher, Houston, Texas (Indianapolis Hospital Alumnae).....		1.00
		<hr/>
		\$5550.16
		\$5550.16



*Disbursements*

L. A. Giberson, Chairman, stationery, postage, freight and express.....	\$40.70	
L. A. Giberson, Chairman, balance expenses attending convention at San Francisco.....	23.40	
Exchange on cheques.....	1.00	
	<hr/>	
	\$65.10	\$5.10
		<hr/>
		\$5485.06

*Assets*

8 Bonds, par value.....	\$9000.00
2 Certificates of stock.....	\$2000.00
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Balance Sept. 1, 1915.....	\$15,485.06

Contributions for the Relief Fund should be sent to Mrs. C. V. Twiss, Treasurer, 419 West 144th St., New York City, and cheques made payable to the Farmers' Loan and Trust Company, New York City. For information address L. A. Giberson, 1520 Arch Street, Philadelphia, Pa.

M. LOUISE TWISS, *Treasurer.*

## ARMY NURSE CORPS

**APPOINTMENTS.**—Florence M. Harpell, graduate of Dickinson Hospital, Northampton, Massachusetts, post-graduate of St. Elisabeth's Hospital, Richmond, Virginia; Edith L. Sutcliffe, Metropolitan Hospital, Blackwell's Island, New York; Helen D. Young, Jewish Hospital, Brooklyn, New York; Grace G. Engleman, Rockford Hospital, Rockford, Illinois, post-graduate of Woman's Hospital, New York, New York; Ethel V. Frost, Knoxville General Hospital, Knoxville, Tennessee; assigned to duty at the Walter Reed General Hospital, Takoma Park, D. C. Sarah A. Glossop, Good Samaritan Hospital, Portland, Oregon; assigned to duty at the Letterman General Hospital, San Francisco, California.

**RE-APPOINTMENT.**—Mary C. Jorgensen, Troy City Hospital, Troy, New York; assigned to duty at the Letterman General Hospital, San Francisco, California.

**TRANSFERS.**—To the Walter Reed General Hospital, Takoma Park, District of Columbia: Florence M. Bailly. To Post Hospital, Fort Leavenworth, Kansas: Nena Shelton. To Army General Hospital, Fort Bayard, New Mexico: Jessie M. Braden, Ida E. German, Lyda Rodgers. To Army and Navy General Hospital, Hot Springs, Arkansas: Clara Belle White. To Letterman General Hospital, San Francisco, California: Henrietta Davidson, Emma Haefner, Anna J. Crowley, Evangeline G. Bovard, Lena B. Mead, Nollie C. York, Angie A. Knowles, Carrie M. Lanaway, Gwendolin M. Lewellen. To the Philippine Department, Manila, Philippine Islands: Bessie E. Cowdery, Margaret McCarthy, Clara G. Calderwood, Henrietta Davidson, Penelope McDermott. To the Hawaiian Department, Honolulu, Hawaiian Territory: Maude Bowman, Helen Nevin, Mae V. Sullivan, Edna M. Weaver, M. Elisa Weaverling.

**DISCHARGES.**—Kathryn Burtu and Ethel F. Jardine from the Walter Reed General Hospital, Takoma Park, District of Columbia. Henrietta M. Moshring,

Mary L. Stakelum, Jane Louise Murphy and Margaret S. Cromarty from the Letterman General Hospital, San Francisco, California. Alice W. Cline from Army General Hospital, Fort Bayard, New Mexico. Emily M. Addison, from the Army and Navy General Hospital, Hot Springs, Arkansas.

DORA E. THOMPSON,  
*Superintendent Army Nurse Corps.*

#### ARKANSAS

THE ARKANSAS STATE GRADUATE NURSES' ASSOCIATION will hold its annual meeting at Little Rock, October 27-29.

#### CONNECTICUT

THE GRADUATE NURSES' ASSOCIATION held its regular quarterly meeting at the nurses' home of the Middlesex Hospital, Middletown, September 1, fifty-two members present. An interesting and detailed report of the convention in San Francisco, was given by the delegate, Marcella Heavron. Three members who had been in active work with the Red Cross, Miss Bartram in Russia, Miss Strong in England, and Miss Evers in Germany, gave interesting accounts of their experiences. Luncheon was served by the Middletown nurses. The next regular meeting will be held at the Gordon Russell Home, Hartford.

NEW HAVEN.—THE ALUMNAE ASSOCIATION OF THE CONNECTICUT TRAINING SCHOOL held its regular meeting September 2. After routine business, Mrs. M. J. C. Smith, delegate to the convention in San Francisco, gave an excellent report. A programme committee to provide some form of entertainment for the meetings of the year was appointed. Efforts will be made during the year to increase the membership, and also to interest nurses in the Graduate Nurses' Association.

#### DISTRICT OF COLUMBIA

THE NURSES' EXAMINING BOARD OF THE DISTRICT OF COLUMBIA will hold an examination for registration of nurses, November 17. Applications must be made before November 1, to

HELEN W. GARDNER, *Secretary-Treasurer*,  
1337 K Street, N. W., Washington.

#### ILLINOIS

ANNA L. TITTMAN has been reappointed by the Governor as a member of the Board of Nurse Examiners. She has been secretary-treasurer of the board since the present law became effective in 1913. She has filled positions of responsibility in institutions and public health work, which added to her post-graduate training and knowledge of private duty nursing, renders her especially fitted for the position on the examining board.

CHICAGO.—THE CHICAGO SCHOOL OF CIVICS AND PHILANTHROPY has issued a bulletin announcing a course for public health nurses. The course will open January 3, 1916, and will continue for sixteen weeks. Applications for the bulletin should be addressed to the school, 2559 South Michigan Ave., Chicago.

THE "CHICAGO UNIT," consisting of 32 medical men, 70 nurses and the equipment needed for a hospital of more than a thousand beds, which was accepted by the British War Department, has been put to work in France. Isabel

Patton, of Michael Reese Hospital, is in charge of the nurses. The *London Lancet*, as quoted by the *Journal of the American Medical Association*, comments appreciatively on the spirit which prompted the sending of this Unit and says, "Medicine is here proving itself a real link between nations. When we get down to the simple fact of a man in pain—differences—disappear. The citizens of the United States are not taking sides so much with the Allies against the Germans as with the sufferers against the triple alliance of disease, privation and injury."

THE SCHOOL FOR NURSES OF THE PRESBYTERIAN HOSPITAL has established a Nurses' Christian League in affiliation with the National Young Women's Christian Association. At the formal services held August 3, ninety-five per cent of the student body was present. A student nurse is president and the membership includes not only nurses in training, but members of the staff and of the alumnae association. Committees have been formed for various lines of work and vesper services will be held once a week. The Alumnae Association entertained the graduating class in June. The entering class numbers forty and is the largest in the history of the school. Mrs. Estelle Koeh has resigned as one of the assistants to the superintendent and is succeeded by Katherine Buckley, class of 1912. Ten graduates of the school went to France with the Chicago Unit.

THE MICHAEL REESE HOSPITAL AND TRAINING SCHOOL have lost a good friend in the death of Edwin G. Foreman who was for some years president of the Board of Directors of the hospital.

JEAN PALMER, class of 1905, West Side Hospital, has been appointed assistant superintendent of the John Sealy Hospital, Galveston, Texas.

ADA MCCLENNY, class of 1910, Wealey Hospital, has accepted the position of superintendent of nurses at the Evanston Hospital. Miss Lauber, class of 1911, has taken the position of night supervisor at the Methodist Hospital, Los Angeles.

EVANSTON.—THE EVANSTON HOSPITAL ALUMNAE ASSOCIATION at its recent annual meeting elected the following: president, Anna E. O'Connor; vice-president, Marguerite Deuel; secretary-treasurer, Myra G. Beck.

JACKSONVILLE.—THE PASSAVANT MEMORIAL HOSPITAL ALUMNAE ASSOCIATION at its annual meeting elected the following officers: president, Mabel Kendrick; vice-president, Myrtle Johnson; secretary-treasurer, Edith Straight. The association decided to continue the subscription to the *AMERICAN JOURNAL OF NURSING*, for the Public Library.

SPRINGFIELD.—THE GRADUATE NURSES' ASSOCIATION held its monthly meeting, at the Lincoln Library, August 28. Following routine business, an address on radium treatment of cancer was given by Dr. Fred S. O'Hara.

## IOWA

DES MOINES.—THE DES MOINES REGISTERED NURSES' ASSOCIATION held a meeting July 14, when articles of incorporation were adopted, and the by-laws amended. The following compose the Board of Trustees: Helen M. Needles, Adah L. Hershey, Mary McCarthy, Gertrude F. Hosmer, Ann J. Jones, Estella Campbell and Laura Chennell. Edith M. Robinson has resigned as registrar of the Central Registry of Des Moines and will spend some months in rest at her home in Kansas. Mary Newlin will have charge of the registry for the time being.

DUBUQUE.—THE DUBUQUE COUNTY REGISTERED NURSES' ASSOCIATION held its June meeting at Union Park. After a bountiful supper a business meeting

was held at which the following officers were elected: president, Miss Brennan, vice-president, Miss Casey; secretary, Caroline Butterfield; treasurer, Miss Tiernon; auditor, Wilhelmina Gieseman. Catherine McCarthy and Mary Reeder were elected to the executive committee.

THE NURSES OF MERCY HOSPITAL entertained the nurses of Finley Hospital, with a picnic supper at Union Park, July 19. Sue Balluff, Mercy Hospital, has accepted the position of operating room nurse at the Mercy Hospital Training School, Webster City.

Cedar Rapids.—ELLA BROWN has resigned her position at St. Luke's Hospital, and will take a six months' course at the Polyclinic Hospital, New York.

Iowa City.—EDITH HOLSTROM has accepted the position of night supervisor, at the State University Hospital. A class of fifteen graduated from the hospital in June, making a total of twenty-six for the year.

#### KANSAS

THE KANSAS STATE ASSOCIATION will hold its annual meeting at Kansas City in October.

Topeka.—THE GRADUATE NURSES' ASSOCIATION holds its meetings twice a month. The program for the next few meetings includes the following topics: Life in the Body, J. N. Beasley, M.D.; Industrial Work, Mattie Carpenter; Current Events, Grace James, Bernice Jones, Elisabeth Pearson, Margaret Barr; Thinking and Feeling, J. Cooper, M.D.; Preparation for Operation in a Private Home, Amanda Johnson; First Aid, Seth A. Hammel, M.D.; Hampton-Robb Memorial, Louise Eggert; Pulse, W. E. McVey, M.D.; Public Health Work in Topeka, Lillian Davis. Entertainments planned are a Hallowe'en party, a dance and a card party. There are fifty-four members.

#### KENTUCKY

THE KENTUCKY STATE BOARD OF NURSE EXAMINERS will hold the third semi-annual examination for state registration at the City Hospital, Louisville, November 16-17, at 10 a.m. For further information apply to

FLORA E. KEEN, R.N., *Secretary*.

City Hospital, Louisville, Kentucky.

Louisville.—THE ALUMNAE ASSOCIATION OF THE JOHN N. NORTON MEMORIAL INFIRMARY held its annual meeting in June and elected the following officers: president, Mary K. Coady; vice-presidents, Grace C. James, Emma Isaacs; secretary, Jane A. Hambleton, 922 South 6th Street; treasurer, Maude Hayward; auditor, Elisabeth Bickel. The reports were satisfactory and the meetings through the year were well attended.

#### MARYLAND

Baltimore.—THE JOHNS HOPKINS HOSPITAL TRAINING SCHOOL ALUMNAE ASSOCIATION held its annual meeting recently, and elected the following officers: president, Margaret Hoyt; vice-presidents, Mrs. J. D. Norris, Emily Baechtel; treasurer, Ella Miller; recording-secretary, Mary C. Bean; corresponding secretary, E. M. Sinclair.

#### MASSACHUSETTS

THE MASSACHUSETTS STATE NURSES' ASSOCIATION has contributed \$1000 to the De Page Fund to establish a ward in a field hospital in Belgium to be known as the Massachusetts Ward.



THE ESSEX COUNTY BRANCH OF THE MASSACHUSETTS STATE ASSOCIATION held a social meeting at the Rockaway Hotel, Gloucester, August 28, with but a small attendance. Informal talks on the subjects of Milk and Baby Hygiene, the Floating Hospital, the Metropolitan Insurance Company Nursing were given, and Miss Young spoke of her work as Factory Welfare Worker in Walpole.

Boston.—THE BOSTON BOARD OF HEALTH has announced its abandonment of the practice of fumigating after diphtheria and scarlet fever. Believing that the germs of these diseases are soon destroyed by light and air and that they are not carried by inanimate objects, but that more attention should be paid to the prevention of contagion through convalescents, the Board of Health will emphasize that side of the question in the instruction given in the future. When the plan for the investigation of germs was outlined in the press, the anti-vivisectionists were much alarmed.

THE OPEN-AIR SCHOOL on Castle Island, Boston Harbor, has afforded delight and benefit to 125 anemic children from the tenement districts this past summer. The school was in charge of the Association for the Relief and Control of Tuberculosis, the Instructive District Nursing Association and the Boston Dispensary. All the children were much below par when the public schools closed. They returned to their regular work when these schools opened, better able to resist sickness because of the few weeks in the Open-Air School.

The center of the work for the hospitals in the north of France during the summer months was at the Arlington Street Church, from which it was sent to the summer colonies of New England. When the supplies were completed, they were returned to the church, there made into suitable packages, and sent to hospitals for sterilizing. The hospitals which did this work were the Boston City, Peter Bent Brigham and Homeopathic. Word has been received that operating room supplies were found to be sterile, when opened for use. Nurses were employed by the Relief Committee to go to the various summer resorts to instruct those willing to help.

THE BOSTON NURSES' CLUB has been working during the summer for the McGill College Unit in France. The nurses have met every week and have been greatly assisted by charitably disposed friends among their former patients. One gave \$20 to purchase yarn for the nurses to knit. They have been able to send a box or two each month free, through the kindness of the Cunard Steamship Company. The surgical supplies were sterilized at the Boston City Hospital.

KATHERINE CLARKE, who has been in a hospital near Boulogne for several months, has been sent to the Dardanelles.

THE BOSTON NURSES' CLUB furnished eight of the twelve nurses placed at the First Aid Stations for the care of civilians during the parade of the Massachusetts militia, mobilized August 26 in honor of the visiting governors.

Letters received from the Harvard Unit nurses, who went to England, speak of their cordial welcome in London, and frequent entertainment by prominent people. Warwick Castle, where the unit had a pleasant visit, is rented to Americans, but the Countess of Warwick motored sixty miles to meet the nurses there. The unit is now in charge of Hospital 22, in the north of France.

ETHEL SCOTT McLEAN, class of 1900, Massachusetts General Hospital, sailed September 7 for service in the American Ambulance Hospital, in Paris.

Fifty-three graduate nurses who served on the Floating Hospital were examined by the superintendent, Sarah A. Egan, assisted by Miss Farmer, teacher in dietetics. The papers were passed on finally by Henry I. Bowditch, M.D., physician-in-chief of the hospital.

Under the will of the late Calantha E. Marsh, the Homeopathic Hospital will receive \$1000.

THE AMERICAN CONGREGATIONAL HOSPITAL at Van, Asiatic Turkey, is closed; the superintendent, Dr. Clarence Ussher, lies very ill at Tiflis, where Miss Ussher, a graduate nurse, who assisted him in Van, is now with him. Mrs. Ussher died of typhus contracted while helping in the hospital work.

MARGARET M. TYMON, class of 1907, Massachusetts General Hospital, is taking the eight months' course in district nursing and social service, which covers instruction in many branches of welfare work. Annie J. Hilton, Boston City Hospital, lately in charge of the maternity work at Rochester City Hospital, has accepted the position of night matron at Dickinson Hospital, Northampton.

ETHEL SHARPLEY, graduate of the Boston City Hospital, has been appointed district secretary of the Society for Organising Charity in Providence, Rhode Island.

MARY E. P. DAVIS, who was ill with pneumonia in San Francisco at the time of the convention, is now convalescent and has returned to her home in Norwood.

DR. LAURA A. C. HUGHES has been appointed lecturer on hygiene and kindred subjects at Jackson College, which is the women's branch of Tufts' Medical School, of which she is a graduate. She has recently been reelected president of the Spanish-American War Nurses' Association. Dr. Hughes established her reputation for practical hygiene and constructive work in her experience at Montauk Point during the Spanish-American War and after the late disastrous fire in Salem.

Lowell.—A large guild of women in the city has taken up work done in other cities by various organizations. Any one wishing the services of a district nurse may call on the guild, and since that fact became known, calls have steadily increased. There is one milk station nurse, and a nurse for tuberculosis has been appointed by the mayor during the year. The guild hopes for a school nurse soon. It helps people over temporary financial difficulties. The nursing service is in charge of Clara Holland, Boston City Hospital.

#### MICHIGAN

Detroit.—THE WAYNE COUNTY NURSES' ASSOCIATION held its first monthly meeting beginning the fall and winter activities, September 3. The reports from the various officers showed a marked increase in the work over the preceding year. Agnes Deane, chairman of the program committee, gave a tentative outline of several interesting and attractive topics for the coming year. The members voted that the committee be authorized to complete the program, using their judgment in filling in possible vacancies.

#### MINNESOTA

Minneapolis.—IDA ISAACSON, superintendent of nurses at the Swedish Hospital, has been appointed by the governor as a member of the State Board of Nurse Examiners, to fill the vacancy made by the resignation of Helen M. Wadsworth.

THE ASSURY ALUMNAE ASSOCIATION held its annual meeting at the hospital September 1, and elected the following officers: president, Lydia H. Keller; vice-presidents, Eva Bangs, Dancy Reekie; recording secretary, Etta Paul; corresponding secretary, Grace Woodside; treasurer, Eve Milburn. Eleven new members were accepted.

## MISSOURI

THE NINTH ANNUAL MEETING OF THE MISSOURI STATE NURSES' ASSOCIATION will be held in St. Louis, October 20-22, at the American Annex, corner of Sixth and Market Streets. Special legislative, superintendents,' private duty, public health, and Red Cross Nurses' sessions will be held. The public health nurses hope to organize a state section at this time.

Possibly a state league of nursing education will also be launched. An interesting program is being prepared. In addition to Mary C. Wheeler of Chicago, and Fannie F. Clement of Washington, D. C., the names of a number of prominent doctors and nurses, experts in their respective lines, of the state and city, will appear on the program.

St. Louis.—Miss L. Linderman has resigned her position as superintendent of the Lutheran Hospital Training School, and is taking a much needed rest at her home in Brooklyn.

EFFA RAYMOND has resigned her position as superintendent of the Christian Hospital, and will spend an indefinite time at her home, Mountain View.

Springfield.—HELEN M. FLEMING, General Hospital, Gary, Ind., has accepted the position of superintendent of Southwest Hospital.

Kansas City.—THE KANSAS CITY GRADUATE NURSES' ASSOCIATION held its first regular meeting of the year, at the club house, September 1. The delegate to the convention in San Francisco, Mary Maffman, presented her report. Proposed work for the winter was discussed, and members were urged to suggest at the next meeting topics for papers and discussion. During the social hour refreshments were served by the alumnae of St. Luke's Hospital. An informal reception was held at the club house, on the evening of September 1, in honor of the Misses Foy and Tetrault, who returned in July from Serbia, where they had been members of the Red Cross units 2 and 3. They are two of the three in these units who did not contract typhus fever. Miss Tetrault has resumed private duty, and Miss Foy has accepted a position as supervisor in Grace Hospital, Detroit.

NELL CROUCH has taken charge of the training school of the South Side Hospital, which has recently been remodeled. Charlotte B. Forrester has accepted the position of superintendent of the training school of the University Hospital. Madeline Gray has resigned the position of supervisor at the General Hospital, and will be succeeded by Theresa Silkey. Mena Shipley, for six years superintendent of the nurses of the Visiting Nurses' Association, has resigned her position and will make her home on her ranch near Granada, Colorado. She is succeeded by Anna M. Barr, who has been employed on the staff for a number of years.

## NEBRASKA

Omaha.—THE NURSES' CENTRAL DIRECTORY has been removed to 2420 Harney Street, where Grace V. Bradley will act as registrar, succeeding Gertrude R. Smith, who will continue to reside at 2311 St. Mary's Avenue, where she is conducting the Birch Knoll Sanitarium. On August 14, the Nurses' Central Club, established under the auspices of the Directory, opened its doors with a tea. The house secured for the club and directory is an old residence, a large, homey place, delightfully situated and adapted to its new use. The two upper floors will accommodate twenty nurses and the lower floor is suitable for meetings. All the rooms are bright and airy, and the new furniture and draperies have

made them inviting. The location is especially good, convenient to one of the best car lines in the city and close to the library, theatres and shops. It is hoped that the club will be used freely by resident and out-of-town nurses who, will be cordially welcomed by the registrar, who is also the secretary of the Board of Examiners for Nurses.

Miss M. Smouse, Baptist Sanitarium, St. Louis, has accepted the position of superintendent of the Lord Lister Hospital (formerly Omaha General). Marie Weick, who has held the position for six years, has resigned; she will take a much-needed rest.

Miss B. West, Christ Hospital, Topeka, Kansas, has accepted the position of superintendent of Bishop Clarkson Memorial Hospital; Ellen Stewart, the former superintendent, having taken up work at Teachers College, New York.

#### NEW HAMPSHIRE

Concord.—BERTHA M. CORNWALL, Royal Infirmary, Dundee, Scotland, for three years superintendent of the nurses at State Hospital, has resigned, and will go to Europe to take up Red Cross work. She is succeeded by Helen C. Sinclair of New Haven, Conn.

#### NEW JERSEY

THE NEW JERSEY STATE BOARD OF EXAMINERS OF NURSES will hold an examination for the registration of nurses, November 9.

Applications must be filed with the secretary-treasurer fifteen days prior to November 9.

Information and application blanks may be procured from

JENNIE M. SHAW, *Secretary-Treasurer*,  
487 Orange Street, Newark.

THE SEMI-ANNUAL MEETING OF THE NEW JERSEY STATE NURSES' ASSOCIATION will be held in Hackensack, November 2.

Atlantic City.—THE NURSES' CLUB OF ATLANTIC COUNTY held its first annual meeting at Rita Hall, June 8. The president, Mrs. M. M. Cullen, in her address, stated that unusual interest and support on the part of the nurses in the county had resulted in a prosperous society. Special mention was made of the work of Helen F. Greaney, as the organizer. The registry was reported to be in a satisfactory condition. Officers were elected as follows: president, Mrs. M. M. Cullen; vice-presidents, Misses Reed and Elliott; recording secretary, Jane G. Wick; corresponding secretary, M. T. Moore; treasurer, Helen F. Greaney.

Summit.—OVERLOOK HOSPITAL held its first commencement exercises in the Lincoln Auditorium on the evening of June 24 for a class of eight graduates. Dr. Robert H. Hamill made the address of the evening.

#### NEW YORK

THE NEW YORK STATE LEAGUE FOR NURSING EDUCATION will hold its meeting, October 19. An executive meeting has been called for 9 a.m., the regular session will open at 10 a.m. Reports from local societies and special committees will be presented by the following: credentials, Amy H. Millard; recent developments in the preliminary course, Clara D. Noyes, discussion opened by Marie Louis; student government, F. E. Carling, discussion opened by Carolyn Gray; the education of women, Willystine Goodsell; teaching social service to pupil



nurses, Sidney Goldstein, discussion opened by Annie Humphrey; the teaching of ethics, John L. Elliott; a sounder economic basis for schools of nursing, M. Adelaide Nutting; report of progress in the Department of Nursing and Health, Anne W. Goodrich. Ten minute discussions are to follow all papers.

**THE NEW YORK STATE NURSES' ASSOCIATION** will hold its fourteenth annual meeting in the ball-room of the Hotel McAlpin, Broadway and Thirty-third Street, New York City, on October 20 and 21.

**New York.**—**THE BELLEVUE ALUMNAE ASSOCIATION** at its annual meeting elected the following: president, M. A. Reading; corresponding secretary, M. A. Allen; recording secretary, M. E. Cameron; treasurer, E. G. Paulding.

The delegates to the American Nurses' Association from the Post-Graduate Hospital Alumnae Association were M. Agnes Gibney, Sarah J. Graham, Margaret Graham, Charlotte Brooks, and the Misses Coleman and Cornwall. Miss Brooks has accepted the position of superintendent of nurses at the Emergency Hospital, Washington, D. C., and Agnes Gardner that of assistant superintendent at the same hospital. Miss Gardner recently returned from Red Cross service in Serbia. Josephine Swenson, class of 1909, has accepted the position of superintendent at the Ossining, New York, hospital, with Lucy Brooks, class of 1903, as her assistant. Mary Ethel Hoeler, class of 1912, former night superintendent, is superintendent of nurses at Roper Hospital, Charleston, North Carolina. Elva Hughes, class of 1909, is doing district nursing in Vincentown, New Jersey.

**Brooklyn.**—**THE GERMAN HOSPITAL ALUMNAE ASSOCIATION**, which has recently been incorporated, elected the following officers at its annual meeting: president, Miss Seaman; vice-president, Mrs. Ward; recording secretary, Ida M. Engelhard, 327 Washington Avenue; corresponding secretary, Lillian M. Welsch, 172 Madison Street; treasurer, M. Horrocks.

**Troy.**—**THE TROY HOSPITAL ALUMNAE ASSOCIATION**, at its annual meeting, July 11, elected the following officers: president, Frances Galvin; vice-presidents, Elisabeth Doyle, Hannah Cunningham; treasurer, Anna Moran, financial secretary, Teresa Hickey; secretary, Helen Roarke. Miss Galvin was appointed delegate to the state meeting.

**Rochester.**—**KATHLEEN D'OLIER**, class of 1907, Rochester General Hospital, has been appointed visiting nurse for the Catholic Guild of Rochester. Marion H. Henderson, class of 1908, has joined the Victorian Order of Visiting Nurses in Toronto, Canada. Mrs. Nellie C. Lindsay, class of 1906, served as supervisor of nurses for the welfare stations during the summer.

**Amsterdam.**—**THE GRADUATE NURSES' ASSOCIATION OF MONTGOMERY COUNTY** was formed a year ago in July by some graduates of the Amsterdam City Hospital who wished to make their association broad enough to include graduates from other schools. Meetings are held monthly and papers have been given by local physicians or by nurses engaged in special lines of work. The membership has grown from eight to thirty-two during the year. Ten dollars was contributed to the Belgian Relief Fund. Lillian E. Wilcox is secretary.

#### NORTH CAROLINA

**THE NORTH CAROLINA STATE NURSES' ASSOCIATION** held its thirteenth annual meeting in Wilmington, May 25-27. The opening session was arranged by the nurses of Wilmington, and an elaborate program of music was rendered. The address of welcome was given by Mayor P. I. Moore, and the response by

Cleone Hobbs, president of the association. Addresses were made by several doctors, and an informal reception was held by the board of directors of the James Walker Memorial Hospital. The first business session was held in the Young Men's Christian Association Building, May 26. Cleone Hobbs gave an address on the value of the Red Cross Nurse and the many opportunities offered competent nurses in the profession. The report of Dunn-Wyche, the nurses' home for tubercular nurses, was read by Birdie Dunn, one of the nurses for whom the home was named, and a tireless worker of the institution. The association entirely supports the home, which has been full of patients all summer. Some are unable to pay their expenses. One nurse has had her life insured for the benefit of the home and pays her expenses in that way. The association hopes eventually to endow the home. The report of the Red Cross Committee showed thirty-two members, three of whom are in Europe. Many interesting papers were read by nurses and doctors. There was discussion of a uniform curriculum for the training schools of the state and Lois Toomer was appointed to investigate the conditions of the various schools. The Board of Examiners reported that ninety-four applicants had passed the examinations, and thirteen Sisters of the Roman Catholic Orders were admitted through reciprocity. The subject of the Relief Fund was presented by Miss Hobbs, who called the attention of the members to the fact that North Carolina had already been benefited by this fund. Officers were elected as follows: president, Cleone Hobbs, Greensboro; secretary, Mrs. Dorothy Hayden, Greensboro; treasurer, Hattie G. Long, Wilmington; members of the examining board, Lois A. Toomer, Maria P. Allen, Julia Libby. On May 27; at an open meeting, Mrs. Winifred Stoner gave an inspiring talk on her work as Director-General of the International League of Public Health. The Wilmington nurses were most hospitable. The Elks Club gave an automobile ride to Wrightsville Beach and later many enjoyed a boat ride down the Cape Fear River. Several invitations for the meetings next year were received, but decision was left to the board of directors.

#### NORTH DAKOTA

THE MEMBERS OF THE NORTH DAKOTA STATE BOARD OF NURSE EXAMINERS recently appointed are as follows: Sister Laurentine, St. John's Hospital, Fargo, five years; Pearl Weed, four years; Jennie Mahoney, three years; Emma Schroeder, Parkview Hospital, two years, and Mildred Clark, General Hospital, Devil's Lake, one year. At a recent meeting of the Board, held in Bismark, Jennie Mahoney was elected president and inspector of training schools, and Pearl Weed, secretary and treasurer.

#### OHIO

THE MEMBERS OF THE OHIO BOARD OF NURSE EXAMINERS recently appointed are: chief examiner, Anna Johnson, Springfield; Harriet Friend, Dayton; Augusta Condit, Columbus; George H. Matson, M.D., secretary.

#### OKLAHOMA

THE OKLAHOMA STATE BOARD FOR EXAMINATION AND REGISTRATION OF NURSES will hold its semi-annual examination, October 25 and 26, 1915, at St. Anthony's Hospital, Oklahoma City. For further information apply to the secretary,

MABEL GARRISON,  
1701 West 15th Street, Oklahoma City.

**Oklahoma City.**—THE OKLAHOMA COUNTY ASSOCIATION OF NURSES at a recent meeting appointed a committee to investigate the field of nursing. After a thorough investigation by the committee it was deemed advisable to make a public announcement that Oklahoma has a sufficient number of nurses, and each year the training schools are adding to this number.

#### PENNSYLVANIA

**THE GRADUATE NURSES' ASSOCIATION OF THE STATE OF PENNSYLVANIA** will hold its thirteenth annual meeting on November 10-12, at the college of Physicians and Surgeons, Philadelphia. The first session will open at 10 a.m. Some of the speakers at the meetings will be Isabel M. Stewart and Anne W. Goodrich, of Teachers College, and Ella Phillips Crandall. A banquet will be held at the Hotel Rittenhouse, November 11.

**Pittsburgh.**—THE ALUMNAE ASSOCIATION OF THE TRAINING SCHOOL FOR NURSES OF THE HOMEOPATHIC HOSPITAL, held its regular meeting at the nurses' dormitory September 2. After routine business, "White Gift Day" was discussed. This is to be on October 13 and a large attendance of the nurses is desired. The need of a club house and central registry was urged, but no definite plans were presented.

#### RHODE ISLAND

**THE RHODE ISLAND BOARD OF EXAMINERS OF TRAINED NURSES** will examine applicants for registration at the State Capital, Providence, Rhode Island, on Wednesday and Thursday, November 3 and 4, 1915. For application blanks and information address the secretary-treasurer,

LUCY C. AYERS,

Woonsocket Hospital, Woonsocket, R. I.

**Bristol.**—RUTH GRAHAM, class of 1909, Rhode Island Hospital, has been appointed factory nurse at the National Rubber Works.

#### TEXAS

**THE TEXAS BOARD OF NURSE EXAMINERS** will hold examinations November 9 and 10, in El Paso, Fort Worth, Houston and San Antonio on the following subjects: practical nursing, surgical nursing, obstetrical nursing, materia medica, anatomy, physiology, hygiene, dietetics and gynecology.

M. W. TAYLOR, R.N., Secretary-Treasurer,

Physicians and Surgeons Hospital, San Antonio, Texas.

#### UTAH

**THE NURSES OF SALT LAKE CITY** were fortunate in having visits in July from Miss Palmer, of the JOURNAL, and Miss Clement, of the Red Cross Town and Country Nursing Service. Miss Palmer addressed a large audience of pupil nurses from the four leading hospitals of the city in the reception room of St. Mark's Nurses' Home. Miss Clement spoke to a representative gathering of graduate and pupil nurses in the Y. W. C. A. rooms.

## VIRGINIA

STATE BOARD EXAMINATION, July 6-8, 1915

*Contagious and infectious diseases.* (Seven questions to be answered.)—

1. What additional responsibility has a nurse in the care of a contagious case, besides her duty to her patient? 2. Explain immunity, natural and acquired, as applied to contagious or infectious diseases. (3) (a) What is meant by "incubation period?" (b) What is the usual time in the following diseases: diphtheria; typhoid fever; measles; scarlet fever; smallpox? 4. Explain the difference between the way vaccination acts in protecting against smallpox, and antitoxin in diphtheria. 5. (a) Define the term "carrier" as applied to contagious or infectious diseases. (b) Give two diseases where the "carrier" plays an important part. (6) In nursing scarlet fever: (a) What special precautions should be taken to keep the disease from spreading? (b) What are the chief complications? (c) How may they be prevented? 7. What is the usual method of deciding when a diphtheria case may be released from quarantine? 8. (a) Differentiate between the symptoms of spasmodic croup and true croup. (b) What is the latter, and why is it so dangerous? 9. (a) What are the symptoms of measles? (b) In nursing a case, is it always necessary for the nurse to be quarantined with the patient? (c) Is disinfection or fumigation necessary? (d) At what age is it especially dangerous, and why? 10. (a) Why did tuberculosis at one time seem to be inherited? (b) What are the general principles of the accepted treatment of today?

*Bacteriology.* (Five questions to be answered. Number one to be included in the five.)—1. What are bacteria? Name and describe the three important groups into which they are divided, according to shape. 2. (a) To what kingdom do bacteria belong? (b) Explain the difference between bacteria and micro-organisms. 3. (a) Give five diseases caused by bacteria. (b) Give two diseases caused by micro-organisms, not bacteria. 4. What is (a) a "pure culture?" (b) Culture media? 5. Why is a nurses' relation to bacteriology most emphasized in her surgical work? 6. Give two diseases in which a bacteriological diagnosis is considered important. 7. (a) Describe the process (specifying the disease) of "taking a culture." (b) What would a "positive culture" indicate? 8. Define: anaerobic; saprophyte; pathogenic; spore; ptomain.

*Dietetics.*—1. What are the five food principles? 2. What are the ways in which food supplies the wants of the body? 3. Define: (a) digestion; (b) absorption. 4. What is dextrine? 5. What are the essential points in cooking starchy foods? 6. Why is tea made injurious by boiling? 7. How would you prepare whey? 8. What is rennet?

*Medical nursing and urinalysis.*—1. (a) State some complications which would result from arteriosclerosis. (b) What is arthritis? (c) Outline nursing care of arthritis. 2. (a) What do you understand by blood pressure? (b) What is normal blood-pressure? 3. In case of pulmonary hemorrhage what would a nurse do before the arrival of a physician? 4. (a) What are some of the causes of chill? (b) What particulars regarding a chill should be noted and recorded? 5. Why should a nurse not rub a limb in which there is phlebitis? 6. (a) How would you give a hot pack? (b) How would you give a cold sponge? 7. How are bed-sores caused, prevented, and cured? 8. (a) How would you cleanse the mouth of an ill patient? (b) What complications are likely to arise if the mouth is not cleansed? 9. (a) How would you give a bladder irrigation? (b) What



two solutions are frequently used for bladder irrigations? 10. (a) What is cystitis? (b) What is normal reaction of urine? (c) What symptoms would lead you to suspect an over-distended bladder?

**Hygiene.** (Seven questions to be answered.)—1. Explain the meaning and give two examples of the application of the principles of (a) personal hygiene; (b) public hygiene. 2. What is a preventable disease? Give an example and explain how it may be prevented. 3. What is the cause of malaria? How is it spread? 4. What is the invariable, single source of the infectious material of typhoid fever? (b) Give three important ways in which this material gains entrance to the body. 5. How is typhus fever conveyed? If called upon to nurse a case during an epidemic, what special methods of prevention, based on the etiology of this disease, should be used (a) as to the patient; (b) as to the nurse? 6. Give the chief points to be remembered in the sanitary construction of a dry-closet? 7. Give two each of the diseases usually considered to be (a) air-borne; (b) water-borne; (c) contracted by direct inoculation. 8. In all wars, up to recently, typhoid fever has always broken out among the soldiers in camp even though there were no cases to start it. This has been found to be due to "carriers." The Japanese controlled it in their war with Russia, and so far, it has not been prevalent in the European armies in the field. What are the most important methods of prevention? 9. In the Eastern countries involved in the European war what disease has become epidemic? 10. Give a reliable disinfectant for typhoid stools and state exactly how it should be used. 11. Explain exactly how the diapers, or stools, of a baby with an infectious diarrhoea should be cared for.

**Materia Medica.** (Ten questions to be answered. Questions 1 and 2 must be included.)—1. How would you give: (a) nitro-glycerine grain 1/160 if you have only tablets gr. 1/100? (b) strychnine sulphate gr. 1/30 if you have only tablets gr. 1/40? 2. How would you prepare: (a) One gallon of 1-20 carbolic acid solution? (b) One gallon of normal saline solution? 3. What are the official names of: calomel; laudanum; whiskey; carbolic acid; paregoric? 4. (a) Name two of the bromides. (b) Give the symptoms of "bromism." 5. (a) What is the chief alkaloid of belladonna? (b) Give symptoms of an overdose of belladonna. 6. Give first aid treatment of (a) carbolic acid poisoning; (b) bichloride of mercury poisoning. 7. (a) Give apothecaries table of weights. (b) Give apothecaries table of measures. 8. Give symptoms and treatment of acute strychnine poisoning. 9. (a) Define emetics. Name three. (b) Define diuretics. Name three. 10. (a) Give effect of opium on respiration and secretions. (b) Name three preparations of opium. 11. (a) Name two purgative oils—with adult dose of each. (b) Name two saline purgatives—with adult dose of each. (c) Name two vegetable cathartics—with adult dose of each. 12. What special points should be observed in administering a dose of the following: (a) tinc. ferric chloride. (b) sulphonal. (c) hydrochloric acid.

**Nursing Ethics.**—1. Define nursing ethics. 2. What are the chief requisites of a nurse? 3. What constitutes loyalty to the physician in charge of your patient. 4. What should be the attitude of a graduate nurse, on special duty in a hospital? 5. What do you mean by registration? 6. What benefits have nurses derived from organization? 7. If called upon to remain on a case, when you are the second nurse, what would you do?

**Surgery and Gynecology.** (Seven questions out of the eight to be answered.)—1. In the absence of definite orders how would you prepare a patient for abdominal hysterectomy? 2. (a) How would you distinguish between arterial, venous, and

capillary hemorrhage? (b) How would you treat an arterial hemorrhage, the wound being in the arm? (c) What means would you employ to check a hemorrhage from the nose? 3. Describe the preparation and application of plaster-of-Paris bandages. 4. (a) A child has been severely scalded. Give first aid treatment. (b) What are some of the grave complications to be watched for after an extensive burn? 5. Give preparation for and post-operative care of a case of tonsillectomy. 6. Name three suture materials. Give method of sterilizing each. 7. What is the menopause? About what age does it occur? State probable significance of vaginal bleeding in a woman who has passed the menopause. 8. Define: gynecology; dysmenorrhea; endometritis; salpingo-oophorectomy; ectopic gestation.

*Obstetrical nursing.*—1. Name the bones that make up the pelvis. 2. What are the different varieties of hemorrhage in pregnant women? 3. State a few symptoms of eclampsia? 4. What organ do you consider requires careful watching during pregnancy? 5. What two orifices have to be dilated before the birth of the child is possible? 6. Differentiate between embryo and foetus. 7. Name three parts of the new-born child that are extremely susceptible to infection. 8. What are causes of mastitis? How may it be prevented? 9. What is ophthalmia neonatorum? How is it caused and what is the immediate treatment for prevention or cure? 10. What would you regard as danger signals in connection with the lochia?

*Diseases of children.*—1. What is the capacity of a normal infant's stomach at birth? 2. What pathological condition in the mother is a contraindication to the nursing of her child? 3. (a) What are the chief causes of colic in the new-born? (b) What are the symptoms? 4. In what way may infant mortality be lessened? 5. (a) What symptom is common to the onset of pneumonia, scarlet fever, diphtheria? (b) Name some of the complications of each. 6. At what time, and how should a child's pulse and temperature be taken? 7. What care and management would you give a child with chorea? 8. Define: icterus; urticaria; desquamation; pediatrics.

*Anatomy and physiology.*—1. Give name, origin, insertion and action of the largest muscle of the back. (b) Name and locate briefly the longest muscle of the body. (c) Name two functions of the abdominal muscles. 2. (a) Name and locate briefly the largest nerve of the body. (b) Name the largest cranial nerve. 3. What is the largest gland in the body? (b) What is its function? 4. (a) Name and locate two serous membranes. (b) Name two organs lined by mucous membranes. 5. (a) Define alimentation. (b) Define elimination. 6. (a) Name the organs of the digestive system. (b) Name the organs of the excretory system. (c) Name the organs of the respiratory system. 7. What are some of the essential points in dental hygiene which a nurse should know and be able to explain? 8. (a) Name two diseases that would indicate an inflamed condition of the intestinal tract. (b) What two important points should a nurse remember in regard to nourishment for such cases? 9. (a) What secretions are concerned in the digestive process? (b) Tell briefly through what route the products of digestion pass in entering the circulation. 10. (a) What is respiration? (b) What are some of its effects?

#### WISCONSIN

The Wisconsin law for the registration of nurses was repealed in July but was later re-enacted except that it places the control of nursing affairs in the hands of the Board of Medical Examiners. The following committee of nurse examiners

has been appointed, but the officers have not yet been elected: Anna Dastych, Anna J. Haswell, Mabel Bradshaw, Florence Patterson, and Mathilde Kreuger.

MILWAUKEE.—THE MILWAUKEE COUNTY NURSES' ASSOCIATION at its third annual meeting elected the following officers: president, Mrs. Ernst; vice-presidents, N. Elizabeth Casey, Miss Ketter; secretary, Miss Leenhouts; treasurer, Miss Pakenham.

#### BIRTHS

A son to Mr. and Mrs. Higby of La Crosse, Wisconsin. Mrs. Higby was Edna Coran, class of 1912, Presbyterian Hospital, Chicago.

On July 16, at Roann, Indiana, a daughter, Martha Louise, to Dr. and Mrs. Kidd. Mrs. Kidd was Oriana Burrows, class of 1912, Indianapolis City Hospital.

In June, at Bergen, New York, a son, to Mr. and Mrs. Thomas Dermody. Mrs. Dermody was Margaret Kelleher, class of 1906, Rochester General Hospital.

A daughter to Mr. and Mrs. Truckess. Mrs. Truckess was Alice Swab, class of 1906, Methodist Episcopal Hospital, Philadelphia.

In Aintab, Turkey, a son to Mr. and Mrs. Daghlion. Mrs. Daghlion was Miss Bower, class of 1907, Methodist Episcopal Hospital, Philadelphia.

On July 13, a daughter, to Dr. and Mrs. Fred Brian. Mrs. Brian was Virginia Hillsbold, class of 1912, Wesley Memorial Hospital, Chicago.

On August 21, at Wesley Memorial Hospital, a son to Dr. and Mrs. Goldstine. Mrs. Goldstine was Lola Rumly, class of 1912, Wesley Hospital.

A son to Mr. and Mrs. French. Mrs. French was Mabel Fitzsimmons, class of 1907, Wesley Hospital.

On August 26, a son to Mr. and Mrs. Joseph Kirby. Mrs. Kirby was Gertrude A. Willis, class of 1906, Buffalo General Hospital.

On June 23, a daughter, Jane Burmiston, to Mr. and Mrs. James B. Brown. Mrs. Brown was Jane B. Beekman, class of 1907, Presbyterian Hospital, Philadelphia.

On August 30, at Oklahoma City, Oklahoma, a daughter, Emmy Louise, to Mr. and Mrs. A. L. Bauers. Mrs. Bauers was Helen Fowler, class of 1906, Scranton Private Hospital, Scranton, Pennsylvania.

#### MARRIAGES

On June 18, at Grinnell, Iowa, Grace Card, class of 1915, University Hospital, to John William Frederickson. Mr. and Mrs. Frederickson will live in Ringsted, Iowa.

On May 22, at Davenport, Iowa, Florence McDonald, class of 1912, University Hospital, to Bert M. Smith. Mr. and Mrs. Smith will live in Atalima, Iowa.

On June 16, at Garden Grove, Iowa, Frances Brown, class of 1911, University Hospital, to Claude Woodmansee Robinson. Mr. and Mrs. Robinson will live in Davis City, Iowa.

On June 13, Mabel Hurd, class of 1910, Presbyterian Hospital, Waterloo, Iowa, to William Pinkerton. Mr. and Mrs. Pinkerton will live in Marian, Iowa.

Recently, at Fort Collins, Colorado, Mary Palmer, Iowa Methodist Hospital, Des Moines, to Mr. Chipps. Mr. and Mrs. Chipps will live at Fort Collins.

In September, at Charlottetown, Prince Edward Island, May Stewart Stentford, class of 1906, Boston City Hospital, to Arthur Gay Carver. Mr. and Mrs. Carver will live in Allston, Massachusetts.

On August 24, at St. Louis, Lenora H. Welsh, class of 1907, Blessing Hospital, Quincy, Illinois, to John H. Rice, M.D. Dr. and Mrs. Rice will live in Quincy.

On April 23, Myrtle A. Gilbert, class of 1913, New York Post-graduate Hospital, to Harry R. Ryan, M.D. Dr. and Mrs. Ryan will live in Rutland, Vermont.

Recently, Jeanne Robinson, class of 1913, New York Post-graduate Hospital, to Paul McChesney, M.D. Dr. and Mrs. McChesney will live in Cleveland, Ohio.

On July 23, at Detroit, Michigan, Elizabeth Morgan, class of 1911, St. Mary's Hospital, Detroit, to George F. Wagner. Mr. and Mrs. Wagner will live in Ruth, Michigan.

On June 23, at Duluth, Minn., Elisabeth Hosig, class of 1904, Farrand Training School, Harper Hospital, Detroit, to Victor C. Vaughan, Jr., M.D. Previous to her marriage Mrs. Vaughan was, for three years, superintendent of the Board of Health nurses. Dr. and Mrs. Vaughan will live in Detroit.

In May, at Coronado, California, Jennie Sweitzer, class of 1908, University Hospital, Iowa City, Iowa, to John Walter Cox. Mr. and Mrs. Cox will live in Coronado.

On April 26, at Lewiston, Illinois, Georgia Thompson, class of 1914, University Hospital, Iowa City, Iowa, to Merlin Oren. Mr. and Mrs. Oren will live in Lewiston.

On August 4, at Statesboro, Georgia, Mary G. H. Hall, class of 1912, Hillman Hospital, Birmingham, Alabama, to George Rawls. Mr. and Mrs. Rawls will live in Statesboro.

On July 10, in Indianapolis, Lillian Yorn, class of 1913, Indianapolis City Hospital, to Walter Pennington, M.D. Dr. and Mrs. Pennington will live in Indianapolis.

On June 24, at Salt Lake City, Utah, Mabel V. Crites, class of 1914, St. Mark's Training School, to John Denton. Mrs. and Mr. Denton will live in Stockton, Utah.

Recently, Edna Benson, class of 1911, St. Mark's Training School, Salt Lake City, to C. E. Brain, M.D. Dr. and Mrs. Brain will live in Salt Lake City.

On June 16, Elizabeth Baldwin to Henry Draut. Miss Baldwin had held the position of surgical nurse at the Santa Fe Hospital, Topeka, Kansas. Mr. and Mrs. Draut will live in Kinsley, Kansas.

At Ottawa, Ontario, Edith Naomi Wheeler, class of 1907, Christ's Hospital, Topeka, Kansas, to Lionel M. Dawson, M.D.

On August 14, Mary C. Wright, class of 1908, West Side Hospital, Chicago, to Willard W. Dicker, M.D. Dr. and Mrs. Dicker will live in Oak Park.

On August 18, Elmore Witham, class of 1908, West Side Hospital, Chicago, to Charles Ebert. Mr. and Mrs. Ebert will live in Waukegan, Illinois.

On April 13, in Minneapolis, Mary Irene Rodgers, class of 1913, Jefferson Medical College Hospital, Philadelphia, to Burt Emmanuel Knarr. Mr. and Mrs. Knarr will live in Du Bois, Pennsylvania.

On August 10, in Sanbury, Pennsylvania, Alberta Mae Morgan, class of 1911, Jefferson Medical College Hospital, Philadelphia, to Joseph Moffett Hall, M.D. Dr. and Mrs. Hall will live in Minneapolis.

On July 23, at Ardmore, Pennsylvania, Rose Anna Ferree, class of 1904, Methodist Episcopal Hospital, Philadelphia, to Edwin Forbes Pickett.

On August 14, at Omaha, Nebraska, Irma Fay, class of 1913 Omaha General Hospital, to Joseph L. Shramak, M.D. Dr. and Mrs. Shramak will live in Omaha.

On June 1, Laura Crawford, class of 1910, Wesley Hospital, Chicago, to William Michael.



On August 4, Addie Miner, class of 1906, Wesley Hospital, to Dr. Mensies. On July 20, at San Francisco, Hazel L. Redfield, class of 1914, Michael Reese Hospital, Chicago, to William Edward Seeburger. Mr. and Mrs. Seeburger will live in San Francisco.

On August 16, at Haselbrook, Prince Edward Island, Susie Gay Titus, class of 1907, Rhode Island Hospital, to Bertram Robert Brown. Mr. and Mrs. Brown will live in York, Prince Edward's Island.

On August 18, Caroline C. Collins, Norton Memorial Infirmary, Louisville, to Paul Davis. Mr. and Mrs. Davis will live in Louisville, Kentucky.

On July 27, at Alton, Illinois, Roberta L. Burns, class of 1914, St. Louis Training School, to George H. Truman. Mr. and Mrs. Truman will live in Louisville, Kentucky.

On August 25, at St. Louis, Gertrude L. Merriman, class of 1906, Missouri Baptist Sanatorium, to Thomas Alfred Thompson. Mr. and Mrs. Thompson will live in Houston, Texas.

On August 24, at Toronto, Ontario, Dora Ash, class of 1912, General Hospital, Buffalo, New York, to J. Kaufman. Mr. and Mrs. Kaufman will live in Flint, Michigan.

On April 3, Mabel Walton, class of 1915, General Hospital, Buffalo, to W. Buckley. Mr. and Mrs. Buckley will live in Buffalo.

On August 10, Gertrude Moran, class of 1914, General Hospital, Buffalo, to Forest Frye, M.D. Dr. and Mrs. Frye will live in Wausau, Wisconsin.

#### DEATHS

On June 16, Mrs. James Patterson, leaving a three weeks' old son. Mrs. Patterson was Frances Leavitt, class of 1912, Presbyterian Hospital, Chicago.

On May 15, at her home in Waterloo, New York, after a long illness, Marion Quinn, a pupil nurse of the Rochester General Hospital. Her untimely death is mourned by those with whom she was associated.

On July 23, at her home near Charlottetown, Prince Edward Island, Mary E. Crosby Roper, Hospital for the Insane, Waverly, Massachusetts.

On July 9, at the New Haven Hospital, after a lingering illness of several months, Jane P. Hill, class of 1903, Connecticut Training School.

On July 14, at the New Haven Hospital, after an illness of several years, Harriet B. Hutchings, class of 1907, Connecticut Training School.

As announced in the September JOURNAL, Annie Damer died at her home in New York on August 9. Miss Damer had been feeling as well as usual, and on the evening of the eighth took a walk with the sister with whom she lived. On returning to her apartment, she complained of a strange feeling and soon became seriously ill, dying at three o'clock the next morning. Very few nurses knew of her death at the time. After brief services in her apartment, she was taken to the home of a married sister in Toronto for burial. She will be greatly missed in local, state, national and international work. The memorial sketch which follows is by Ellen B. Bradley of the Bellevue Alumnae Association:

"No words of mine fitly describe Miss Damer's work. Her life was spent in the uplift of rich and poor alike and in scattering the 'pride, the lust, the sordid sloth which nourished sickness' monstrous growth.' While we mourn her loss we must rejoice in the record she has left and the example she has set us. It is hard to say whether pride or love is uppermost in our feeling for her. We were proud

of her ability, and we loved her for her large hearted devotion to her work and the service to humanity for which it gave opportunity. Like Isabel Hampton Robb, she was one of the noble contributions to our ranks from our northern sister, Canada, for she was born in Stratford, Ontario, in 1858. In the prime of her young womanhood she came to Bellevue to study nursing, and graduated in 1885. Her great executive ability would have commanded the highest posts but she chose the humble, less-conspicuous branches of her profession and very soon after her graduation settled down to take care, for eight years, of a little girl, at the request of the child's dying mother. That sacred duty performed, she, for a time, worked with the Charity Association of Buffalo and then came back to New York and started the social service work at Bellevue for tuberculosis patients. Her last position was the charge of a farm for children at Yorktown Heights, under the direction of the Nurses' Settlement. While in the full tide of her usefulness, there came the accident which set her aside from active service, when it seemed as if she should have had long years of health and vigor before her, being thrown from a carriage and so seriously injured that she was ever after an invalid. It was hard for her to be set aside from the work she loved and as we think of the long and weary years that followed we can but rejoice, amid our tears for our own loss and our sympathy for those near and dear to her, to know that she has passed beyond the sorrow and pain of this world and entered into the activities of the one where there will be 'no more sick.' But when we have spoken of the beauty of Miss Damer's private life we have not told the half. She did not seek honor but honor sought her. Several times she was chosen president of her own alumnae association and she was one of the most earnest and successful workers in the Nurses' Associated Alumnae and for six years its president. Her calm, balanced mind was especially fitted to deal with the many puzzling and difficult questions which arose in the development of the organization and the effort to secure legal recognition of nursing as a profession. We shall never know how much we are indebted to her from the successful result of the then seemingly hopeless efforts. My personal acquaintance with her began at the time of the starting of state registration, when I hastened to renew my connection with the alumnae association of which Miss Damer was president. My real acquaintance with and affection for her came later, when the National Woman's Christian Temperance Union asked me to get an expression of the position of nurses on the temperance question. Miss Damer was then president of the Nurses' Associated Alumnae and Mrs. Robb of the Superintendents' Society. Miss Dock most kindly presented the matter from the floor and this noble Bellevue triumvirate secured the passage of a strong resolution by both societies to do all that they could, with professional propriety, to teach the nature and effects of alcohol and other narcotic drugs, and to discourage their use, because they were a cause of disease and crime. Needless to say I was most grateful to all three for doing what I could never, unknown as I was, have accomplished, and my gratitude and appreciation were all the greater because they all did it with such cordial sympathy in the attempt to remove one cause of sin and misery and to thus promote public health. Sad to think that two of the three were so soon the victims of accidents which seemingly cut short their work. Later Miss Damer helped in the securing of the passing of a similar resolution by the New York State Association. No wonder that I count it a privilege to lay my little tribute on her bier."

## BOOK REVIEWS

IN CHARGE OF

M. E. CAMERON, R.N.

**FIELD HOSPITAL AND FLYING COLUMN**, being the Journal of an English Nursing Sister in Belgium and Russia. By Violetta Thurstan. G. P. Putnam's Sons, London and New York. Price \$1.

A most fascinating account of the work of an English Red Cross nurse during the first five months of the war and until she was laid aside disabled by a wound from a fragment of shrapnel from the exploding bomb of a German Taube at Zyradow. Written apparently from vivid remembrance of recent experience, one gets a tremendously strong impression of what is going on over there, where they are feeding men to that awful fire of death as a furnace man feeds coal to his furnace. Beginning her service in Belgium, she worked there until virtually turned out, with other English Red Cross workers, by the German government early in October; then conducted through Germany as prisoners, they were landed in Denmark where for the time being all their troubles ended. From Denmark, instead of returning to England, Miss Thurstan went to Poland, having received permission from the home authorities to do so; accompanied by two of her nurses, who also desired a further taste of foreign service, she went by way of Sweden into Russia. Her experiences in the hospital in Warsaw, crowded into two or three pages, makes interesting reading. Patients kept pouring in, four hundred shattered men in one night, day-long processions of stretchers, the scanty staff, 20 Sisters, working day and night. "The hospital was not smart or up to date, the wards were not even tidy, the staff was inadequate, overworked and villianously housed, the resources were scanty, but for sheer selflessness and utter devotion to their work, the staff of that hospital from top to bottom could not have been surpassed. I never heard a grumble or complaint all the time I was there from a doctor, a Sister, or an orderly, and I never saw in this hospital a dressing slurred over or done without the usual precautions, however tired or overworked everybody might be."

Leaving Warsaw Hospital, when work grew slack there, Miss Thurston's next experience was in the Flying Column, a small squad of auto-

mobiles used apparently to supplement the hospital corps wherever the need was greatest, only the equipment must be carried with them and necessarily personal comforts had to be left behind. Miss Thurstan makes light of many revolting and dreadful hardships. In her own words we get a hint of compensations. "The vision of the High Adventure is not often vouchsafed to one but it is a good thing to have had it, it carries one through many a night at the shambles."

Speaking of the number of crude and untrained young women who are passing for nurses in this war, Miss Thurstan sees hope for the registration bill in England. "Surely after this lesson the bill for State Registration of Trained Nurses cannot be ignored or held up much longer. Even now, in the twentieth century, girls of twenty-one, nurses so-called, with six months' hospital training, manage to get to the front, blithely undertaking to do work that taxes to its utmost the skill, endurance, and resource, of the mostly highly trained women who have given up the best years of their lives to learning the principles that underlie this most exacting of professions. For it is not only medical and surgical nursing that is learned in a hospital ward, it is discipline, endurance, making the best of adverse circumstances, and above all, the knowledge of mankind. These are the qualities that are needed at the front and they cannot be imparted in a few bandaging classes or instructions in first aid. This is not a diatribe against members of Voluntary Aid Detachments. They do not as a rule pretend to be what they are not." The difficulty lies with the women who, with a few weeks' or months' training, blossom out into full uniform and call themselves Sister Rose or Sister Mabel and are taken at their own valuation by a large section of the public and manage, through influence or bluff, to gets posts that should be held only by trained nurses; and generally end by bringing shame and disrepute upon the profession.

**LOW COST COOKING.** By Florence Nesbit, B.A. Field Supervisor and Dietitian, Department of Relief, Juvenile Court of Chicago; Lecturer for Chicago Visiting Nurses' Association, Formerly Visiting Housekeeper of the United Charities of Chicago. The Chicago School of Home Economics. Price 75 cents.

A manual of cooking, diet, home management and care of children for housekeepers who must conduct their homes with small expenditure of money.

"Economising on food," says the author of this book, "is a most dangerous thing to try unless the housekeeper has an understanding



of food values." Yet economy is the cardinal virtue that the small wage-earner's family manager must possess if that family is to be held together and raised to self-respecting citizenship. She further points out the ironical fact that the poorer the family and the smaller the amount available to run the home on, the greater is the need of skill and wisdom in the management. Miss Nesbit proceeds to explain the necessary elements required to maintain the body, to supply its tissues in the making and to repair the waste caused by the expenditure of energy and outlines in general terms the different classes of foodstuffs required. She further minutely explains the cost of these things and makes many valuable suggestions showing where economy is legitimate and right and where the housekeeper can get the most for her money.

There follows a wide list of recipes and menus providing variety and at the same time keeping the expenditure down to the lowest possible figure; the sum required to feed two adults and four children between 4 and 13 years of age being approximately \$28 or \$29 a month, something less than 16 cents a day for each person, large or small. It is simply amazing what can be done at this small figure.

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Under the Constitution of the United States a woman, equally with man is eligible to any office from that of President or Judge of the Supreme Court down. In fact women have held many positions, under the government, postmasters and other positions, including I believe collector of internal revenue. To the credit of the makers of that instrument they wrote into it nothing branding one half of the race with the stigma of inferiority to share in the government. The word "male" does not appear as a requirement of competency to hold any office. Yet there are those who believe that society will resolve into original chaos, if within their own states woman is permitted to hold the smallest office.

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